

Name
in
Full

Clara Abrecht

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fort Washington</i>		Town <i>Bald</i>		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>6</i>	Day <i>6</i>	Age <i>26</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Home</i>					
Name of wife or Husband <i>C. H. Abrecht</i>							
Father's Name <i>Oscar Eschenbach</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Miss Taylor</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>C. H. Abrecht</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Becton</i>
	Address <i>Fort Washington</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

647

Philip Seewald & Sons
Western

Name
in
Full

John L. Ader

CERTIFICATE OF DEATH

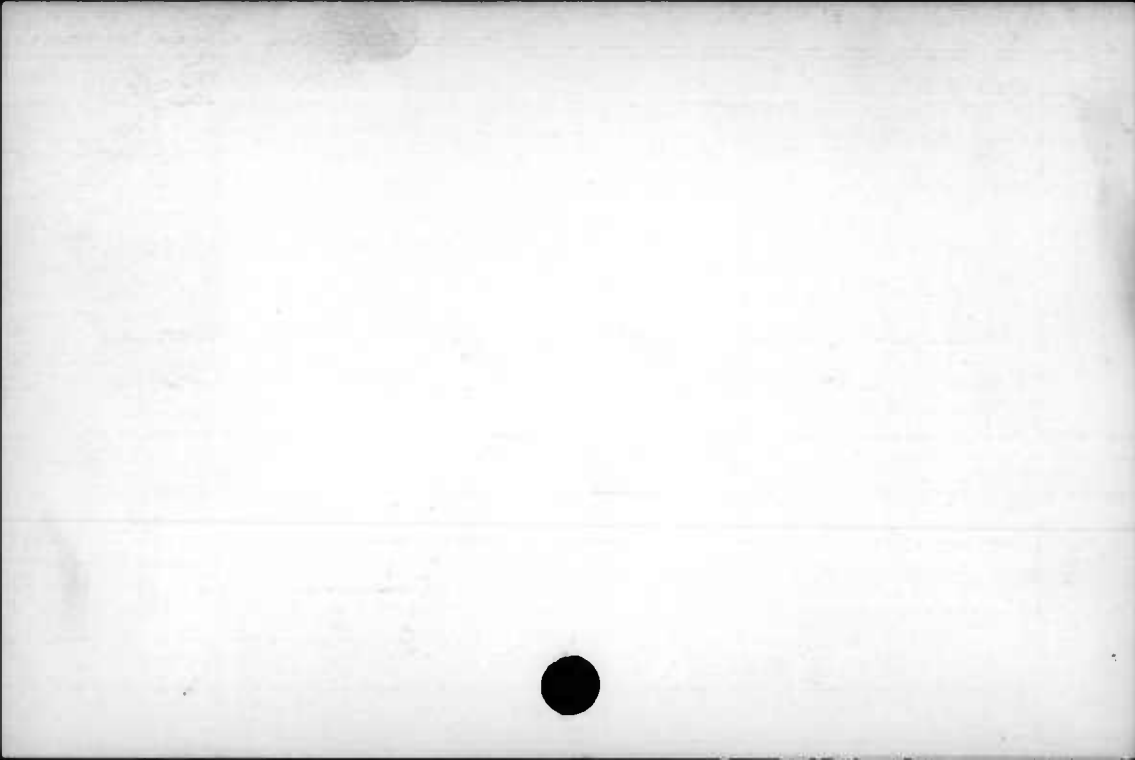
Died at Canton TownCounty Balto

MARYLAND

Date of death 1905 Month JuneDay 26Age 50 YearsMonths 11Days 16Sex MaleColor or Race WhiteBirth-place GermanyOccupation SaloonkeeperWhere Residing if not at place of death 1 PaethurstMarried, Single or Widowed MarriedName of Wife or Husband Elwira AderFather's Name Valentine AderFather's Birthplace GermanyMother's Maiden Name Not KnownMother's Birthplace GermanyName of person giving information Elwira AderHow related to deceased Wife

CAUSES OF DEATH

Primary Tuberculosis PulmonalisHow long 1 1/2 yearsImmediate Acute Pulmonary ThrombosisHow long 48 hoursAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician C. N. OtteyAddress 2 N. 1st St.Accident or Suicide? NoTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR
CORONER



Name
in
Full

Gertrude Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Loch Raven</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	<u>1905</u>	Month <u>6</u>	Day <u>14</u>	Age <u>3</u>	Years <u>4</u>	Months <u>4</u>	Days
Sex <u>female</u>	Color or Race <u>negro</u>		Birth-place <u>Balto. Co.</u>				
Occupation <u></u>				Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u></u>				Name of Wife or Husband <u></u>			
Father's Name <u>John F. Allen</u>				Father's Birthplace <u>Washington D.C.</u>			
Mother's Maiden Name <u>M. E. Ayers</u>				Mother's Birthplace <u>Balto. Co.</u>			
Name of person giving information <u>Jane Ayers</u>				How related to deceased <u>Grandmother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Convulsions - tubercular meningitis</u>	How long <u>24 hours</u>
Immediate	<u>Convulsions</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. A. Jarrett</u>
		Address <u>Louisa, Md.</u>
Accident or Suicide? <u>no</u>		

Shade & Co

Long green
at Mc Zion

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary E. Apple</i>		Town <i>Carnton</i>		County <i>Balto</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>7</i>		Age <i>54</i>	
Date of death <i>1905</i>		Months <i>8</i>		Days <i>27</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i></i>				Where Residing if not at place of death <i>514 N. Clinton St.</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fredrick Apple</i>					
Father's Name <i>John Fubb</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Annie Wood</i>		Mother's Birthplace <i>md.</i>					
Name of person giving information <i>Fredrick Apple</i>		How related to deceased <i>husband</i>					

CAUSES OF DEATH

Primary <i>Apoplexy</i>	How long <i>15 months</i>
Immediate <i>2nd attack of apoplexy</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Groshans MD</i>
	Address <i>1323 Light St Balto md</i>
Ident or Suicide?	

W. L. Kipshaw
1313 Light St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int. rooms</i> Town		<i>Balt. Co</i> County		MARYLAND	
Date of death 1905	Month <i>June</i>	Day <i>27</i>	Age	Years <i>five</i>	Months <i>18</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore</i>			
Married, Single or Widowed <i>single</i>	Occupation				
Name of Wife or Husband					
Father's Name <i>Charles F. Arnold</i>			Father's Birthplace <i>N. York</i>		
Mother's Maiden Name <i>Clara M. Arnold</i>			Mother's Birthplace <i>Balto City</i>		
Name of person giving information			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Cholera Infantum</i>	How long <i>11 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>R. V. Glanville</i>
	Address <i>Int. rooms.</i>
Accident or Suicide?	

Aurora E. Arnold.

to be buried
in Western Cemetery.

John Temple

Brig. Gen. Absalom Baird

Died at ^{Town} Sh. Dennis ^{County} Bath Co. Md. MARYLAND

Date ¹⁹⁰⁵ ~~189~~ ^{Month} June ^{Day} 14 ^{Y.} 80 ^{M.} 10 ^{D.} 10 ^{Native of} Penna. ^{Occupation} Army Officer
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living 1

Husband of Mrs. Cornelia Wynne Smith
 Wife
 Father's Name William Baird Mother's Name

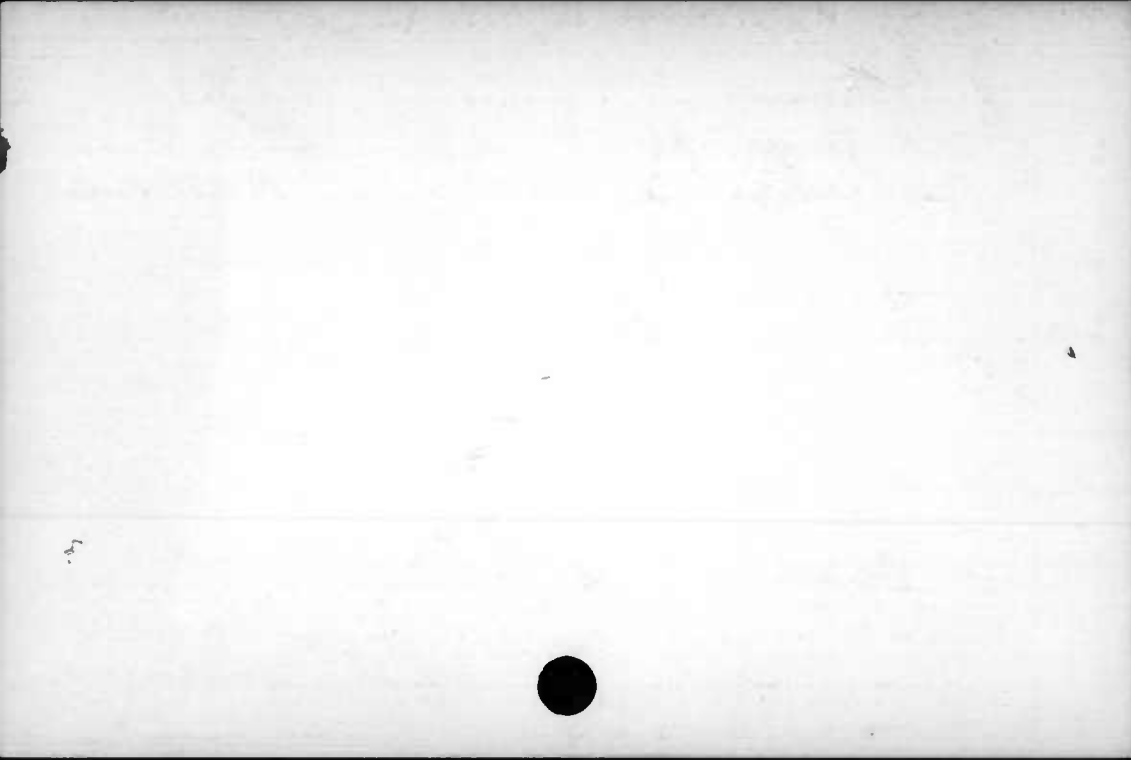
Cause of Death { Primary Inflammation of Prostate Gland How long sick About 13 days
 Immediate Exhaustion ☒ Accident, Suicide, Homicide

Reported by F. W. J. Mundy
 Address The Relay Sanitarium Relay Station Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

Jos. Gawler

Name in Full		Infant Beck				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Garrison		County	
		Batto		MARYLAND			
		Date of death		1906 June 14		Age	
		Sex		Female		Color or Race	
		white		Birth-place		Batto Co Md	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Olmer Beck		Father's Birthplace			
Mother's Maiden Name		Anna E Beall		Mother's Birthplace			
Name of person giving information		Olmer Beck		How related to deceased			
				Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Cyanosis		How long	
		Immediate				1 day	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		H M Seader	
				Address		Bristow town Md	
Accident or Suicide?							



Name
in
Full

Rev. G. H. Beckley

CERTIFICATE OF DEATH

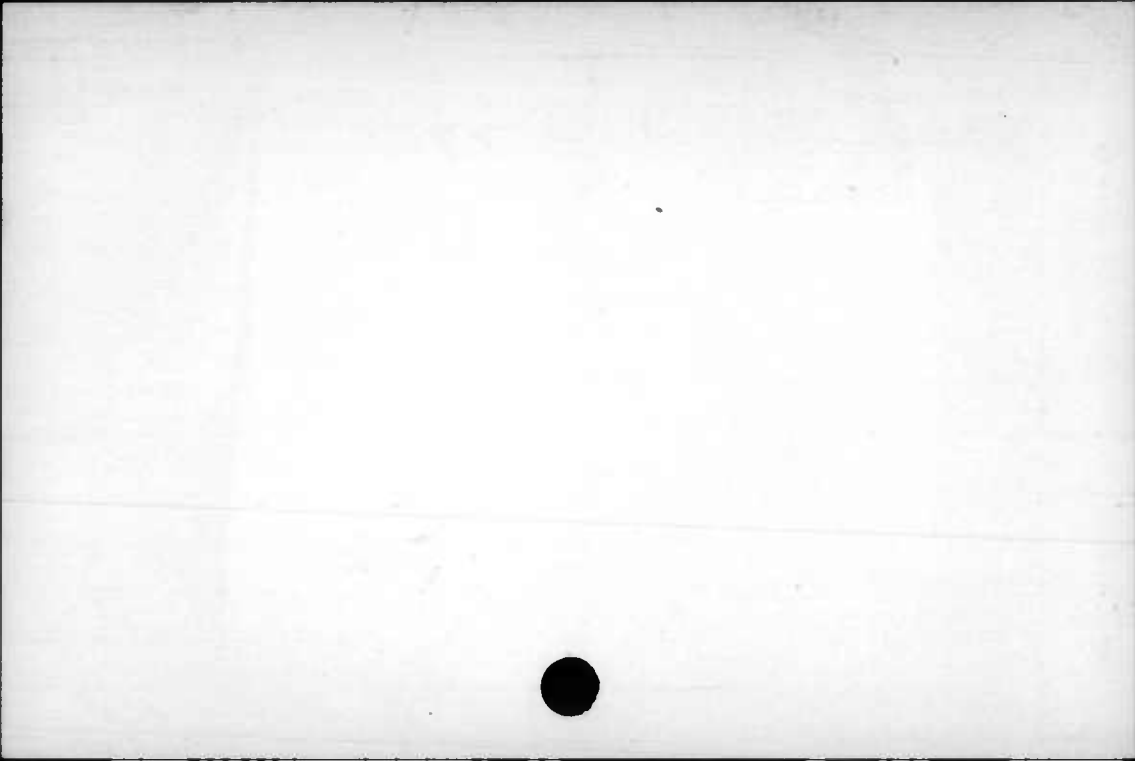
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i>		Town <i>Reisterstown</i>		County <i>Balto. Co.</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>6</i>	Day <i>1</i>	Age <i>77</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Penn.</i>				
Occupation <i>Minister</i>	Where Residing If not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Annie Beckley</i>						
Father's Name <i>Henry Beckley</i>	Father's Birthplace <i>Scotland</i>						
Mother's Maiden Name <i>Elizabeth Barnett</i>	Mother's Birthplace <i>Penn.</i>						
Name of person giving information <i>J. Herbert Beckley</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Demility - Bright</i>	How long	<i>1 year</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Herbert Beckley</i>
		Address	<i>Reisterstown Md.</i>
Accident or Suicide?			



Name
in
Full

Frederick Benton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Orange Town Balto County

Date of death 1905 June Month Day 24 Age — Years Months 5 Days —

Sex Male Color or Race White Birth-place Balto Co.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —

Father's Name

Benjamin Benton

Father's Birthplace

Balto City

Mother's Maiden Name

Debra Pennington

Mother's Birthplace

Name of person giving information

Benjamin Benton

How related to deceased

Father

CAUSES OF DEATH

Primary

Gastro Enteritis

How long

10 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. N. Pheen
22 Madison St. Apt 2

Accident or Suicide?

No

Cathedral Cemetery
London Dms.

Name
in
Full

Amelia Boye

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Quaker Hill*

Town

Baltimore

County

MARYLAND

Date of death *1905 June*

Month

Day

Age

Years

Months

Days

Sex *Female*Color or
Race*C*Birth-
place*unknown*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Alexander Boye*Father's
Name*Joseph Fuller*Father's
Birthplace*Ind*Mother's
Maiden Name*Frances Barner*Mother's
BirthplaceName of person giving
In formation*Alexander Boye*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Mitral Regurgitation

How long

2 yrs

Immediate

Tubular Nephritis

How long

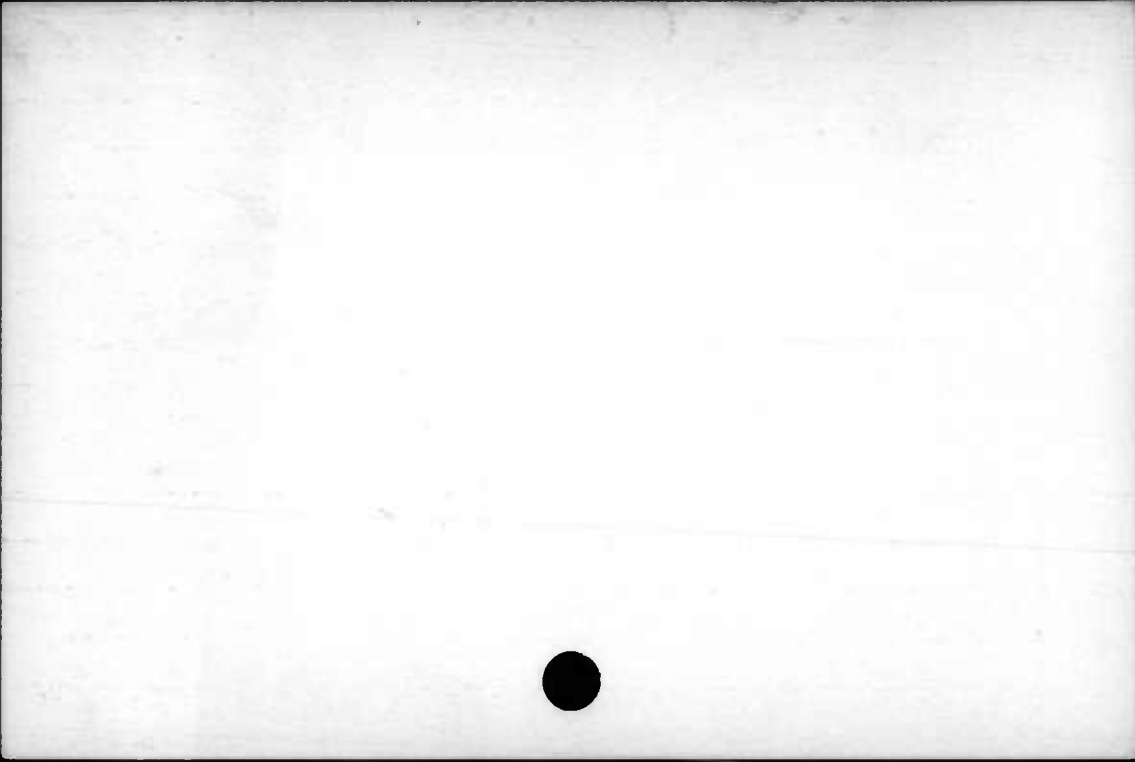
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*A. C. Linnick**Woodlawn
Baltimore Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth M. Burke

Died at ^{Town} *Dickysville*

^{County} *Balto*

MARYLAND

Date of death ^{Month} *June* ^{Day} *28* ^{Year} *1905*

Age *67*

Months *2*

Days *23*

Sex *Female*

Color or Race *White*

Birth-place *Md.*

Occupation *None*

Where Residing if not at place of death *Dickysville*

~~Married, Single~~
~~Widow~~

Name of Wife or Husband

Father's Name *Geo Campbell*

Father's Birthplace *Md*

Mother's Maiden Name *Mary E Hopkins*

Mother's Birthplace *Md.*

Name of person giving information *Mrs Burke*

How related to deceased *Sister*

CAUSES OF DEATH

Primary *Mitral Regurgitation*

How long *8 months*

Immediate *Cardiac Insufficiency*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

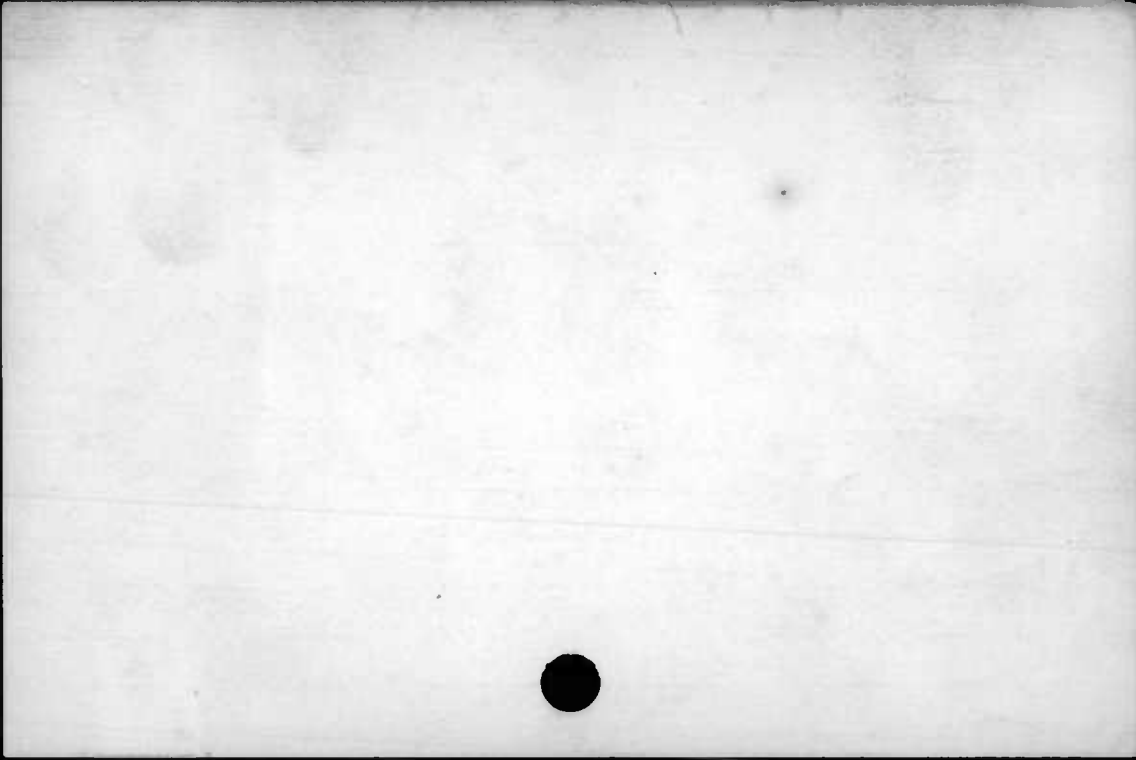
Signature of Physician *W C Smink*

Address *Woodlawn*

Accident or Suicide? *No*

PHYSICIAN
OR CORONER

(1)



Name
in
Full

CERTIFICATE OF DEATH

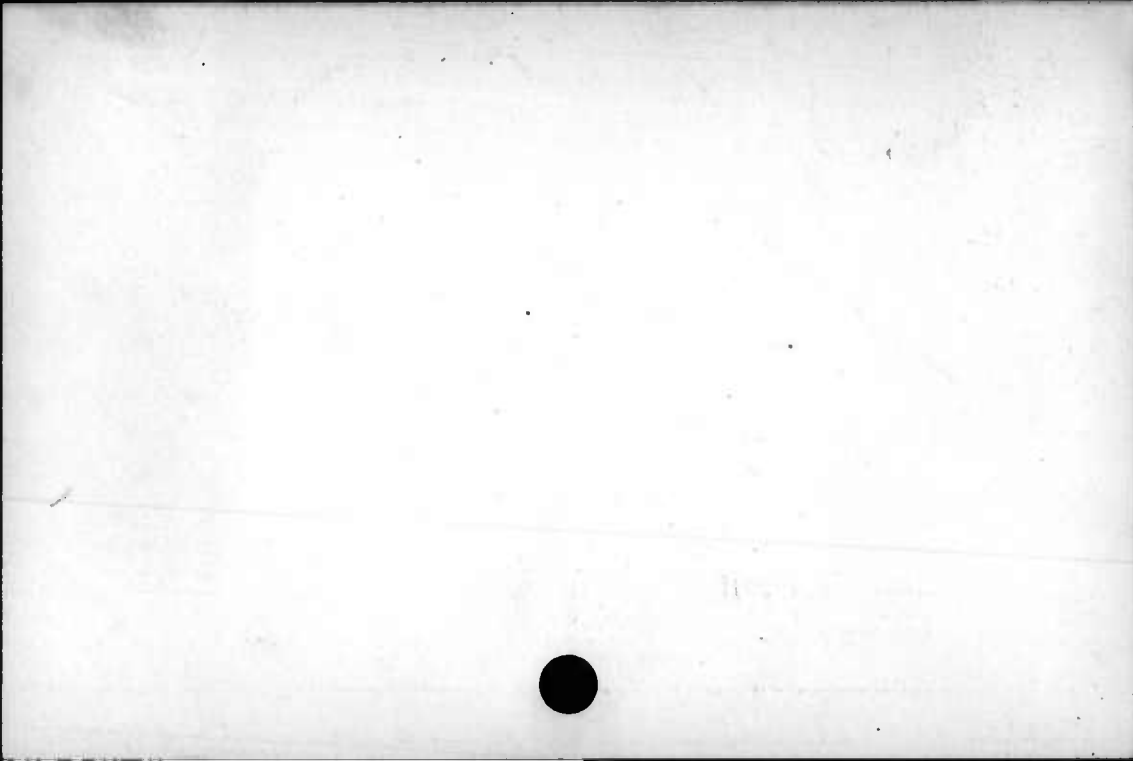
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret Corbui</i>		Town <i>Monkton</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>16</i>		Years <i>5</i>	
Date of death 1905		Age		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Monkton</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>George Corbui</i>				Father's Birthplace <i>Louisa, Md.</i>			
Mother's Maiden Name <i>Miriam Hamilton</i>				Mother's Birthplace <i>Therford, Md.</i>			
Name of person giving information <i>George E. Corbui</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Faulty Development</i>	How long <i>Entire frequent state</i>
Immediate <i>S.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. R. Mitchell</i>
	Address <i>Monkton, Md.</i>
Accident or Suicide?	



Name
in
Full.

CERTIFICATE OF DEATH

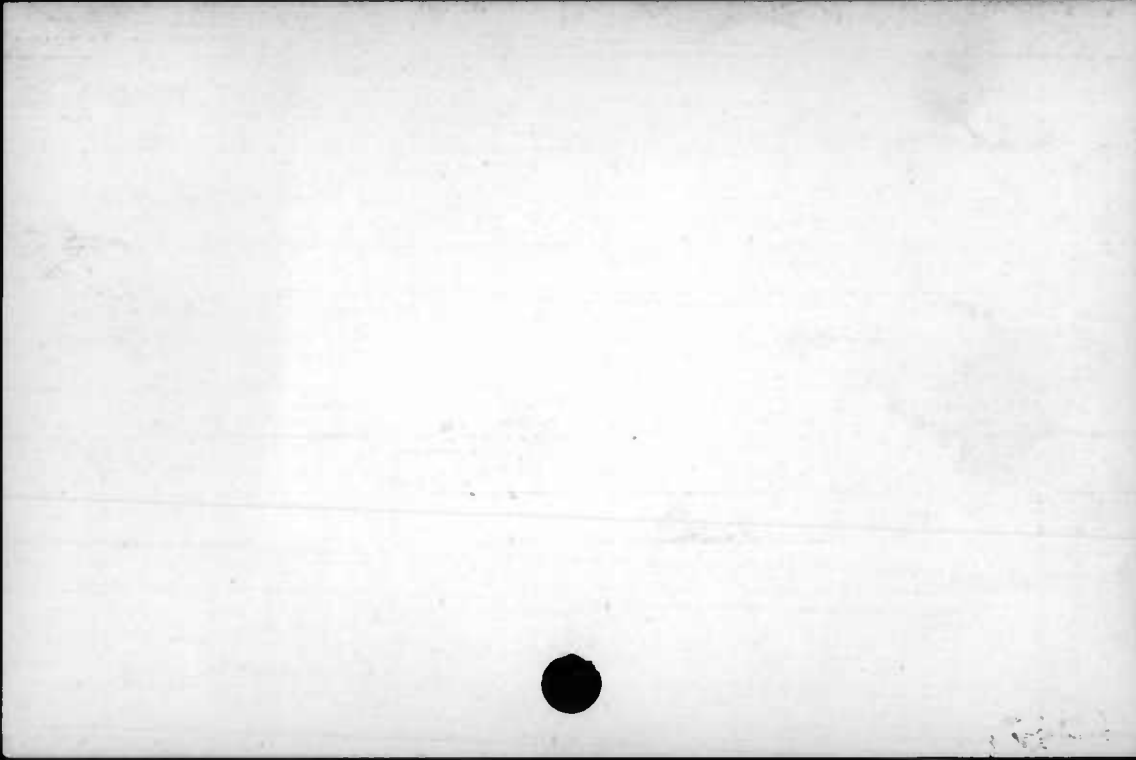
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Meyr Cohen</i>		Town <i>St. Agnes' Hosp.</i>		County <i>Balto.</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>8</i>		Years <i>36</i>	
Date of death <i>1905</i>		Age		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Russia</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Meyr Cohen</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>Rosa Scharest</i>		Mother's Birthplace <i>Russia</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cinchoris of liver</i>	How long
Immediate	<i>Pulmonary edema</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. D. Mera M.D.</i>
		Address <i>St. Agnes' Hosp.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Mary J. Colangelo.

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death 90	<i>June 4</i> ^{Month}	<i>4</i> ^{Day}	Age <i>9</i> ^{Years}	<i>4</i> ^{Months}	<i>0</i> ^{Days}
Sex <i>F.</i>	Color or Race <i>W</i>		Birth-place <i>Balt G</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>70 Dinell</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Colangelo</i>			Father's Birthplace <i>Italy</i>		
Mother's Maiden Name <i>Mary "</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>John Colangelo</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Brachitis</i>	How long <i>5 day</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Valentin</i>
	Address <i>16 V. Broadway</i>
Accident or Suicide? <i>—</i>	

St. Patrick's Cem

June 5th 1905

W- Nicolaus & sons

1820 Canton Ave

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

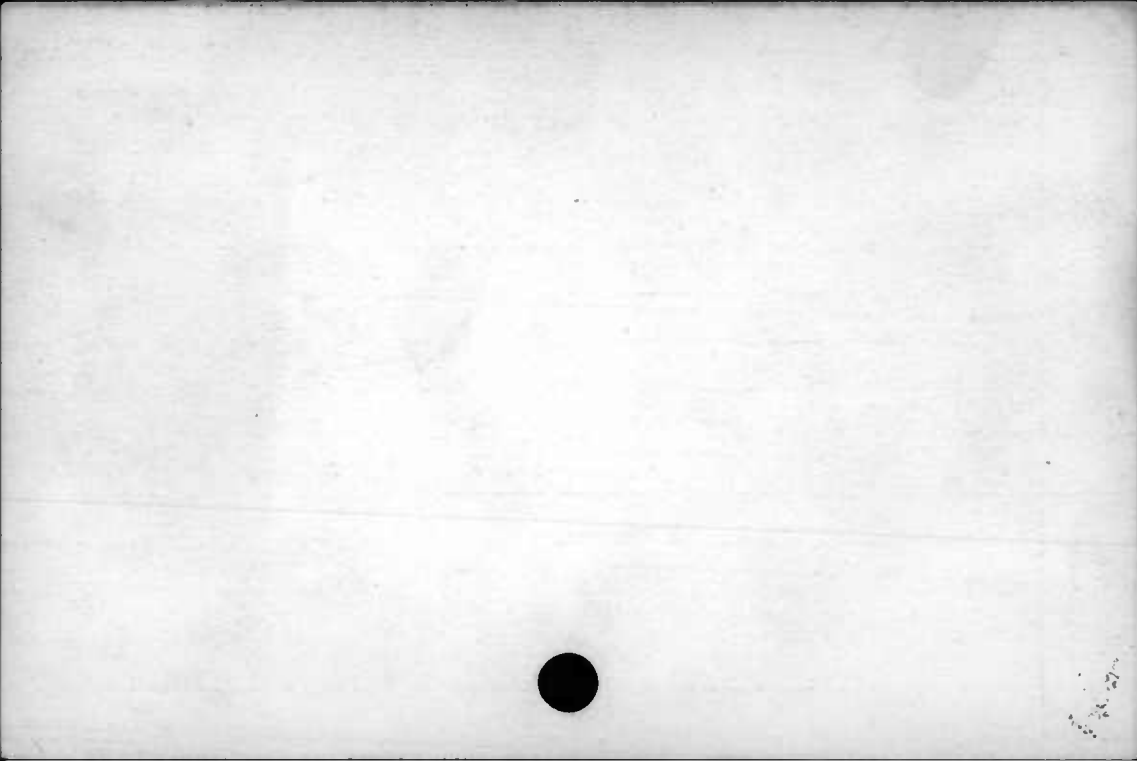
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County	
Paplar Heights		Bullo.			
Date of death	1905	Month	June	Day	17 th
Age		30		Years	
Sex		Male		Color or Race	White
Occupation		Bar-tender		Birth-place	Germany
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		Alex. Anderson		How related to deceased	Brother-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	One year
Immediate	Exhaustion	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		F. Le. Elwood, M.D.	
Address		Spencer Point, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

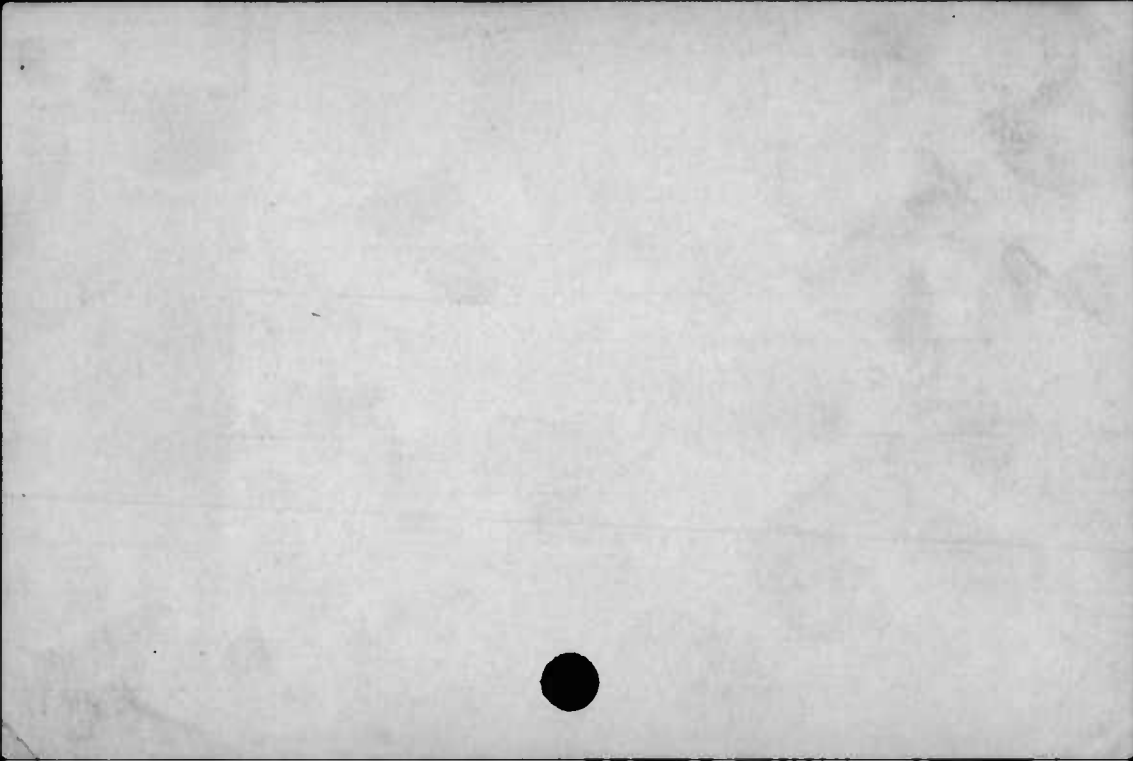
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mandy J. Coughle</i>		Town <i>Ellicott City</i>		County <i>Baltimore</i>		MARYLAND									
Died at		Date of death <i>1905</i>		Month <i>June</i>		Day <i>13</i>		Age <i>—</i>		Years <i>—</i>		Months <i>3</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>											
Occupation <i>—</i>		Where Residing if not at place of death <i>Ellicott City</i>													
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>													
Father's Name <i>John Coughle</i>		Father's Birthplace <i>Texas Balt</i>													
Mother's Maiden Name <i>Jennie Harney</i>		Mother's Birthplace <i>Maryland</i>													
Name of person giving information <i>Jennie Coughle</i>		How related to deceased <i>Mother</i>													

CAUSES OF DEATH

Primary <i>Acute Infectious Infection</i>		How long <i>4 days</i>	
Immediate <i>Aspiration</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. L. Downing M.D.</i>	
		Address <i>Ellicott City, Md.</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full


Emma Bulfinch Creager.

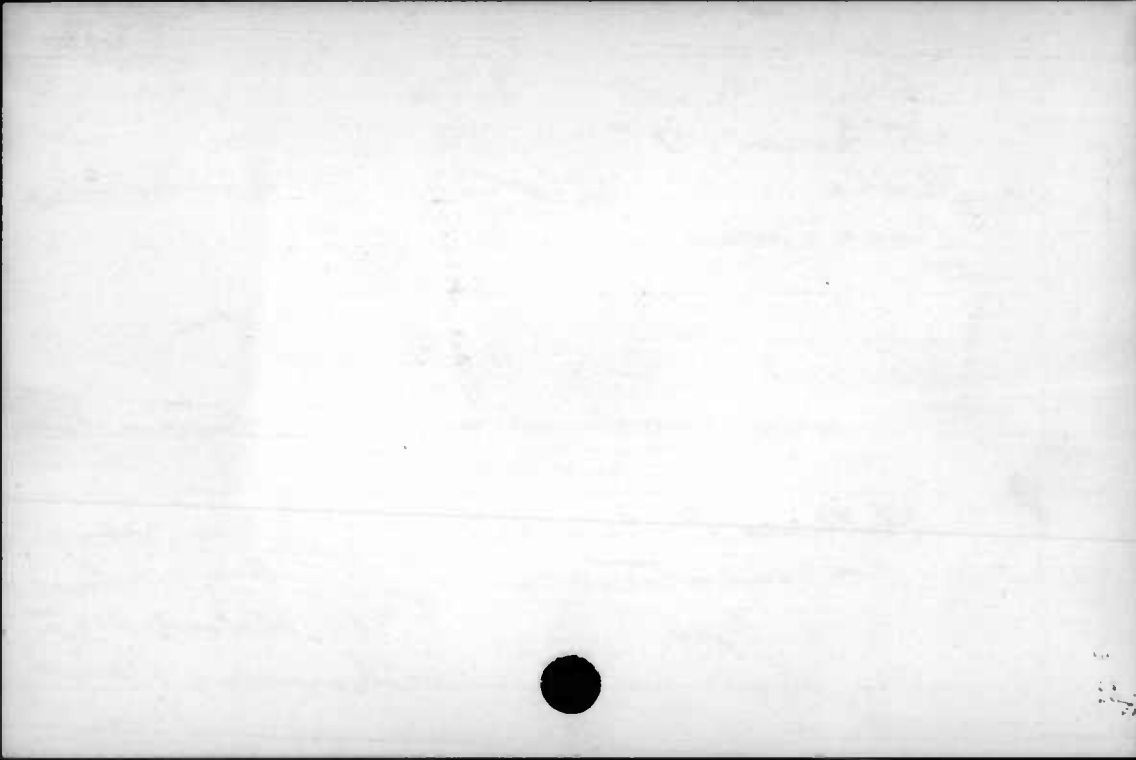
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Back River</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1900</i> ^{Month} <i>6</i> ^{Day} <i>7</i>		Age <i>1</i> ^{Years}		Months <i>5</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Back River</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>John Creager</i>			Father's Birthplace <i>Poland</i>		
Mother's Maiden Name <i>Annie Ford</i>			Mother's Birthplace <i>Balto</i>		
Name of person giving information <i>Mrs. Annie Ford</i>			How related to deceased <i>Grandparent</i>		

CAUSES OF DEATH

PHYSICIAN OF CORONER 	Primary <i>Dehydration</i>	How long <i>24 hours</i>
	Immediate <i>Infantile Spasms</i>	How long <i>immediate</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Truax</i>
	<i>185</i>	Address <i>3 and 1/2 South Highlandtown</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

J. Tyoom . Disney

Town

County

Died at

Pleasant Hill

Batto

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905 June

12

Age 24

Sex

Male

Color or
Race

white

Birth-
place

Batto. Co. Md

Occupation

Painter

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Tyoom H Disney

Father's
Birthplace

Batto Co Md

Mother's
Maiden Name

Jerganna Stephens

Mother's
Birthplace

" " "

Name of person giving
In formation

Walter Disney

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Cardiac Hypertrophy

How long

5 to 6 yrs

Immediate

Embolicus

How long

Two days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

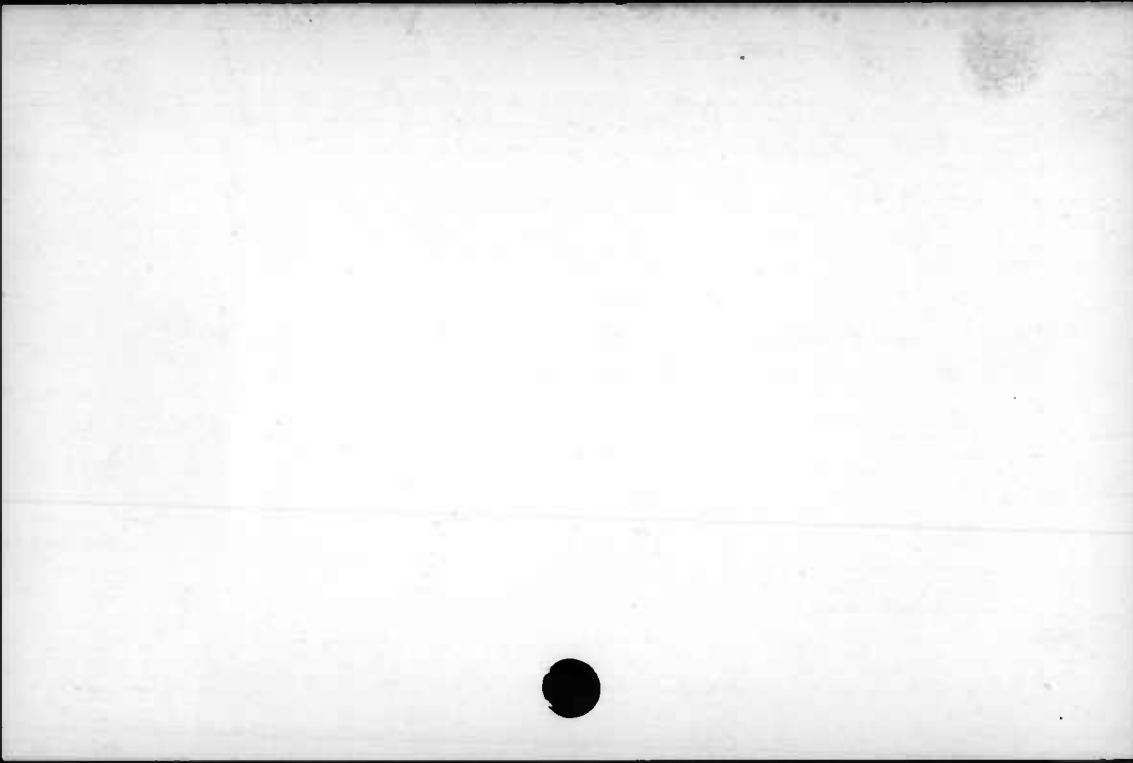
J M Seade

Address

Reisterstown

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Died at

Geo. Dorsey Jr.
Lutherville

Town

County

Balt.

MARYLAND

Date

of death 1905

Month

6

Day

26

Age

Years

—

Months

3

Days

—

Sex

male

Color or
Race

Cal

Birth-
place

Md

Occupation

Infant

Where Residing if not
at place of death

Lutherville

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Geo. Dorsey

Father's
Birthplace

Md.

Mother's
Maiden Name

Casper Jones

Mother's
Birthplace

Md.

Name of person giving
Information

Geo. Dorsey

How related
to deceased

father

CAUSES OF DEATH

Primary

General Inanition

How long

10 wks

Immediate

Cardiac Asthma

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Rayston Green M.D.,
Lutherville
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Burial Permit issued
to father of child
Buried at Burial Hill
near Mt Washington N.H.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>1</i>	Age <i>61</i>	Years	Months <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ireland</i>		
Occupation <i>Cabner</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Sarah J. Finn. nee Scully</i>				
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>J. H. J. Finn</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Atherosclerosis</i>	How long <i>6 years</i>
Immediate <i>Asthma</i>	How long <i>10 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William J. Todd</i>
	Address <i>Washington</i>
Accident or Suicide?	<i>Ma</i>

St Mary's Lem-Goanctown

June 4th 1905

Martin Foley & Sons

Name
in
Full

Charles Gilbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Violet ^{Town} ville		Balto ^{County} .		MARYLAND	
Date of death 190	5	Month	June	Day	9	Age	47
Sex		Male		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Gartner.	
Name of Wife or Husband		Theresa Gilbert.					
Father's Name		Martin Gilbert				Father's Birthplace	
Mother's Maiden Name		— Unknown				Mother's Birthplace	
Name of person giving information		Helen Gilbert				How related to deceased	
						Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hodgkin's Disease		How long	6 Months
Immediate	General Asthenia		How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
		No	Address	
			1296 Frederick Ave.	
Accident or Suicide?		No		

Will
Lester Park

Name
in
Full

Margaret Hoode

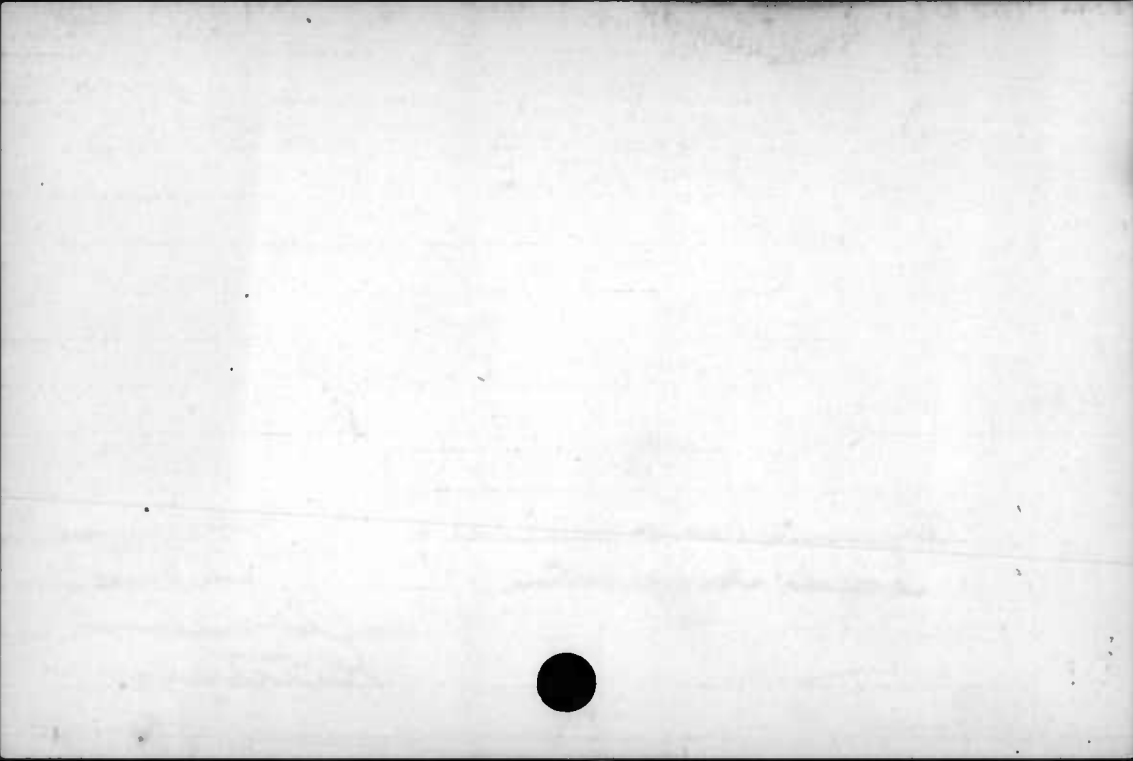
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		6 th	2 nd	54			
Sex	Female		Color or Race	White		Birth-place	Ireland
Occupation	Farmers Wife			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			Deceased			
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

Primary	Dementia	How long	3 yrs
Immediate	Exhaustion & Auto-intoxication	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. B. Gussor M.D.
		Address	Mt Hope Md
Accident or Suicide?	No		



Name

in
Full

Elizabeth B. Gran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Long Green</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>28</i>	Years <i>83</i>	Months <i>5</i>	Days <i>24</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Gran, deceased</i>			
Father's Name <i>Seemiller</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>O. P. Gran</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic heart disease</i>	How long <i>79</i> <i>Not Known</i>
Immediate <i>Acute Indigestion</i>	How long <i>two hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. Scheer</i>
_____	Address <i>Hittings Md.</i>
Accident or Suicide?	

1884. - 1885. H

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Calonsville</i> ^{Town}		<i>Baltimore</i> ^{County}			
Date of death	<i>1905</i>	Month <i>June</i>	Day <i>8</i>	Years <i>29</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>W Va</i>		
Occupation <i>Plate Printer</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i></i>	Name of Wife or Husband <i>Mary C. Griffen</i>				
Father's Name <i>John Griffen</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Bridget Connor</i>	Mother's Birthplace <i>a</i>				
Name of person giving information <i>Matthias P. Griffen</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Suffocation under collage at</i>	How long <i>176</i>
Immediate <i>Richard Gandy Home</i>	How long <i></i>
<i>No evidence of suicide</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. E. C. Vagh</i>
	Address <i>Calonsville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

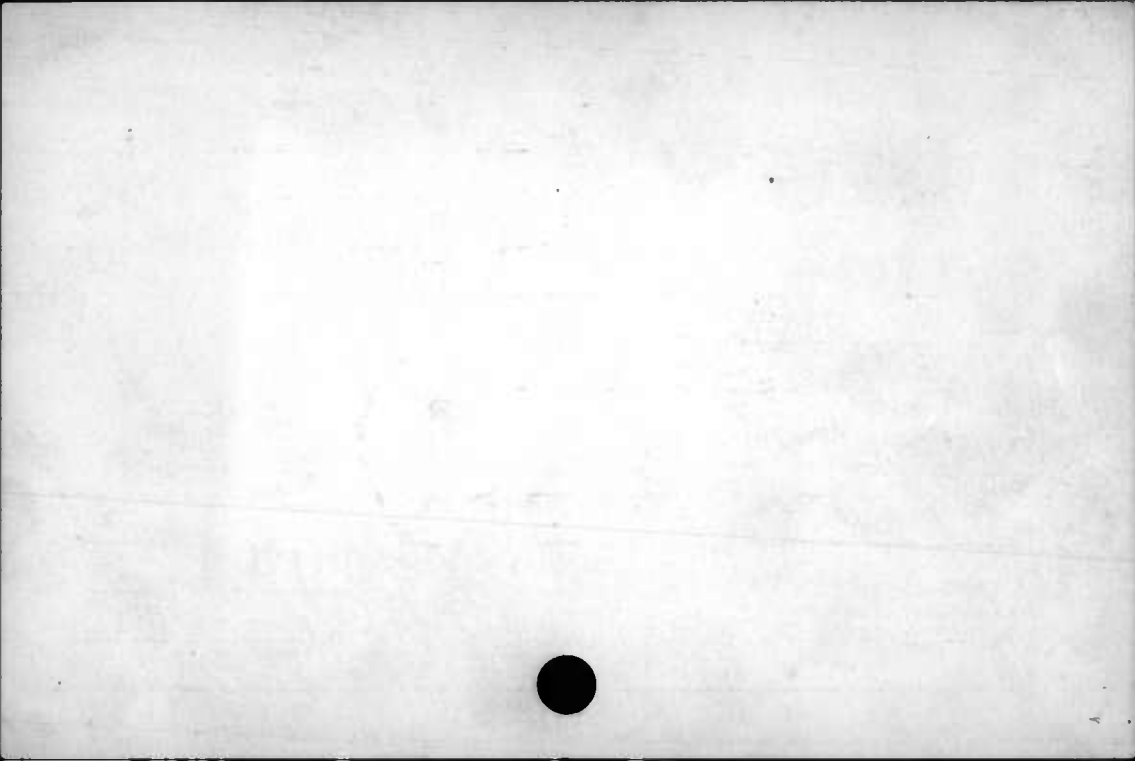
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary L. Hanna</i>		Town <i>Delight</i>		County <i>Balto.</i>		MARYLAND	
Died at							
Date of death 190		Month <i>5 June</i>		Day <i>4th</i>		Age <i>33</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Co.</i>		Months <i>2</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>House keeper</i>					
Name of Wife or Husband <i>Frank W Hanna</i>							
Father's Name <i>John T Ford</i>		Fether's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Mary Wingard</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Frank W. Hanna</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>about six months</i>
Immediate <i>Sepsis</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Campbell</i>
	Address <i>Cornings Mills. Ind.</i>
Accident or Suicide?	



TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown, Balto.</i>		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1905</i>	<i>June</i>	<i>12</i>	<i>5</i>	<i>4</i>	<i>8</i>
Sex	Color or Race	Birth-place			
<i>Female</i>	<i>white</i>	<i>Balto.</i>			
Occupation	Where Residing if not at place of death				
	<i>420 Chimesworth Ave.</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>Single</i>	<i>Leonhard A. Hamm</i>				
Father's Name	Father's Birthplace				
<i>Leonhard A. Hamm</i>	<i>Germany</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Katie Dintler</i>	<i>Baltimore</i>				
Name of person giving information	How related to deceased				
<i>Leonhard A. Hamm</i>	<i>Father</i>				

CAUSES OF DEATH

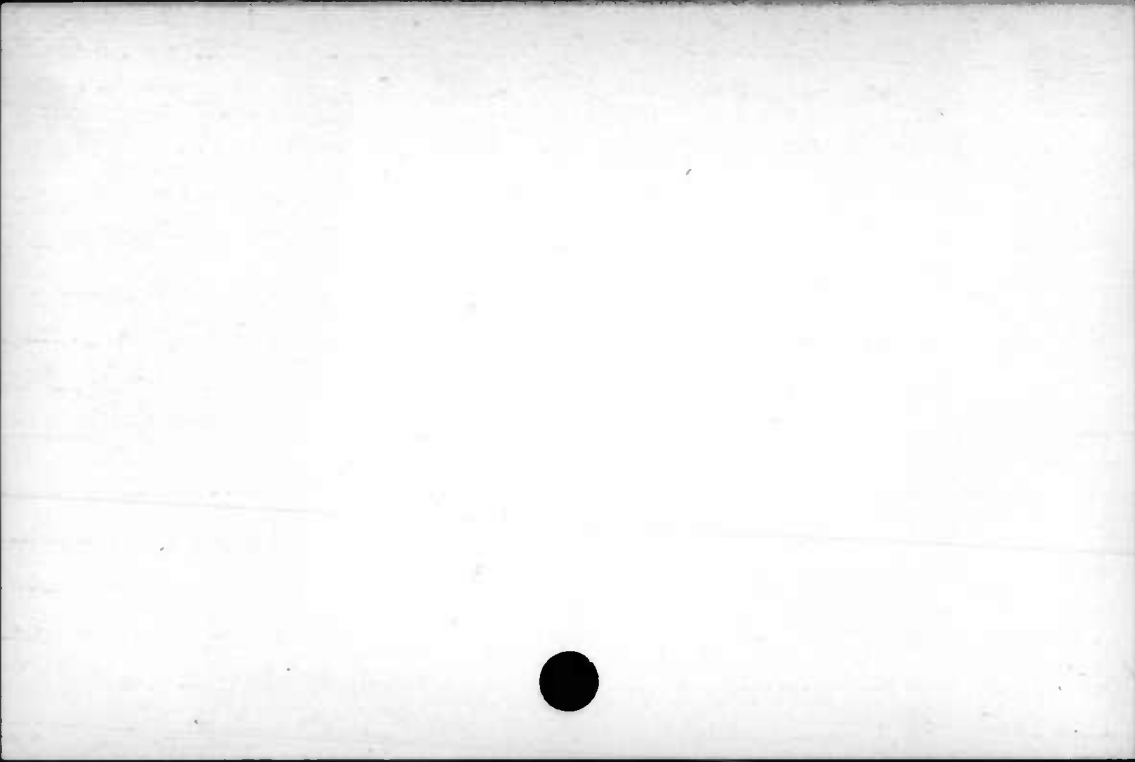
PHYSICIAN
OR CORONER



Primary	<i>Remittent fever.</i>	How long	<i>2 wks. 1 day.</i>
Immediate	<i>Cardiac Rupture</i>	How long	<i>few hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>J. H. McClanahan M.D.</i>
		Address	<i>618 N. Clinton St., Highlandtown</i>
Accident or Suicide?			

Sanders & Son

Name in Full		Annice Hawkins.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Catonsville	County Baltimore		MARYLAND	
		Date of death	1905	Month June	Day 10	Age	76	Months —
		Sex	female	Color or Race	Colored	Birth-place	Anne Arundel	
		Occupation	House wife		Where Residing if not at place of death		Catonsville.	
		Married, Single or Widowed	Widow	Name of Wife or Husband		—		
		Father's Name					Father's Birthplace	
		Mother's Maiden Name					Mother's Birthplace	
1 PHYSICIAN OR CORONER		Name of person giving information		Anne Hall		How related to deceased	none	
		CAUSES OF DEATH						
1		Primary		Old age		How long	3 yrs	
		Immediate		Asthma		How long	3 months	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
		Address		Marshall B. West,		Catonsville,		
		Accident or Suicide?				Md.		



Name
in
Full

Sister Dominick Heany

CERTIFICATE OF DEATH

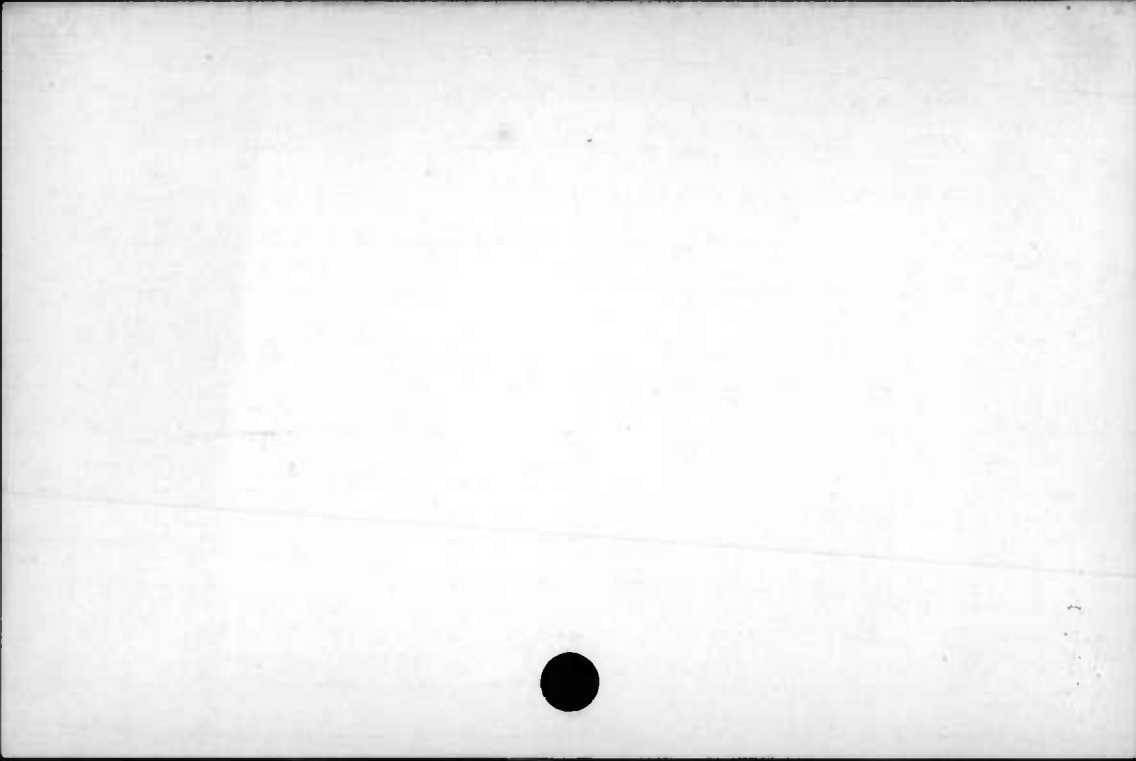
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>1st Hope Retreat</i>		Town <i>Balto Co</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>4th</i>	Years <i>1905</i>	Months <i>Unknown</i>	Days <i>Unknown</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland -</i>				
Occupation <i>Sister of Charity</i>			Where Residing if not at place of death <i>Philadelphia Pa</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Niece of 1st Hope</i>				How related to deceased <i>Not at all</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>abt 10 or 12 days</i>
Immediate <i>Pneumonia</i>	How long <i>abt one wk -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>1st Hope Retreat / Baltimore Co Md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

August Hensler

Died at *Canton* Town*Balto.* County

MARYLAND

Date of death *1905* JuneDay *9*Age *41* YearsMonths *—*Days *16*Sex *Male*Color or
Race*White*Birth-
place*New Jersey*

Occupation

*Boiler-maker*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*Maggie Hensler*Father's
Name*Fred. L. Hensler*Father's
Birthplace*Germany*Mother's
Maiden Name*Christina Miller*Mother's
Birthplace*"*Name of person giving
Information*Mrs. Weisel*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

Bronchial Asthma

How long

Five weeks

Immediate

Heart Failure

How long

*Few days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*W. L. Burke M.D.**222 Odumell St*

Accident or Suicide?

— —

Zückler + Zückler

Mr. Carmel Berns

Funeral June - 11 - 1905.

Name
in
Full

Mary Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cub Hill</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190	<u>5</u> ^{Month}	<u>June</u> ^{Day}	<u>30</u> ^{Years}	Age <u>4</u> ^{Months}	<u>4</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth- place <u>Cub Hill</u>			
Married, Single or Widowed <u>Single</u>	Occupation _____				
Name of Wife or Husband _____					
Father's Name <u>John Hill</u>				Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>Laura Hyles</u>				Mother's Birthplace <u>—</u>	
Name of person giving In formation _____				How related to deceased _____	

CAUSES OF DEATH

PHYSICIAN
FOR CORONER

Primary <u>Marasmus</u>	How long <u>6 weeks</u>
Immediate <u>Adynamia</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. L. Whitford</u>
_____	Address <u>Parkville</u>
_____	<u>Ind.</u>
Accident or Suicide? <u>—</u>	

Camp Chappel

July 5-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Henry Hoffmann</i>		Town <i>Canton</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>6</i>	Day <i>18</i>	Age Years <i>10</i>	Months <i>14</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Bruno Hoffmann</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Nettie Michlenberger</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving In formation <i>Nettie Hoffmann</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 days</i>
Immediate <i>Heart Failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Buehl M.D.</i>
	Address <i>222 O'Donnell St.</i>
Accident or Suicide? <i></i>	

St Pauls Cemetery
H. Sander & Sons

Name
in
Full

Samuel Holden

CERTIFICATE OF DEATH

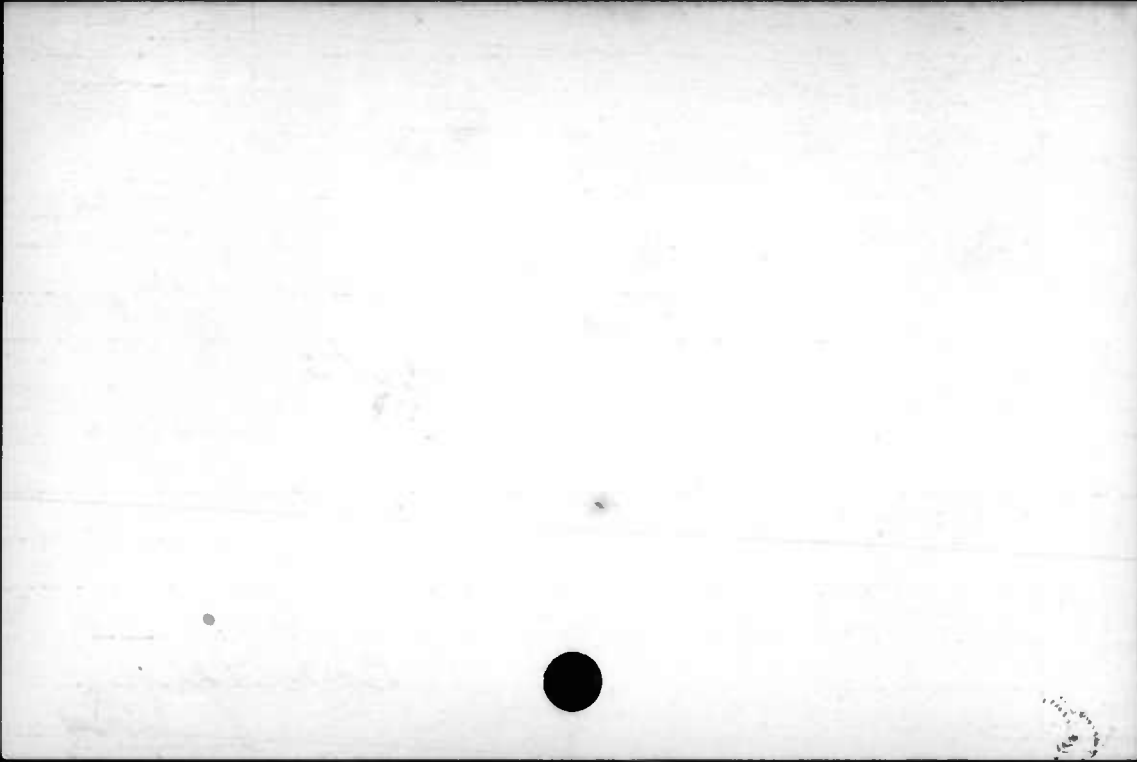
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Parkton</u> ^{Town}			<u>Baltimore</u> ^{County}			MARYLAND	
Date of death	1905	Month 6	Day 20	Age 65	Years	Months	Days
Sex	Male		Color or Race	White		Birth-place	Ireland
Occupation	Saborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Elizabeth Holden			
Father's Name	don't know			Father's Birthplace	don't know		
Mother's Maiden Name	"			Mother's Birthplace	"		
Name of person giving information	Elizabeth Holden			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Carcinoma of the penis</u>		How long	<u>18 months</u>
Immediate	<u>Aschemia</u>		How long	<u>Two weeks</u>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	<u>W. W. Leysa M.D.</u>
			Address	<u>Parkton</u>
				<u>Me</u>
Accident or Suicide?				



Name
in
Full

Solomon Hook

CERTIFICATE OF DEATH

Died at ^{Town} Rockland^{County} Baltimore

MARYLAND

Date
of death 190

Month

6

Day

4

Years

Age

79

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Millwright

Where Residing if not
at place of death~~Married, Single~~
or Widowed~~Name of Wife or~~
HusbandFather's
Name

Solomon Hook

Father's
Birthplace

Md

Mother's
Maiden Name

Eliza Watts

Mother's
Birthplace

Md

Name of person giving
information

Geo W Hook

How related
to deceased

Son

CAUSES OF DEATH

Primary

Infirmities of age

How long

Several years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. J. Taylor

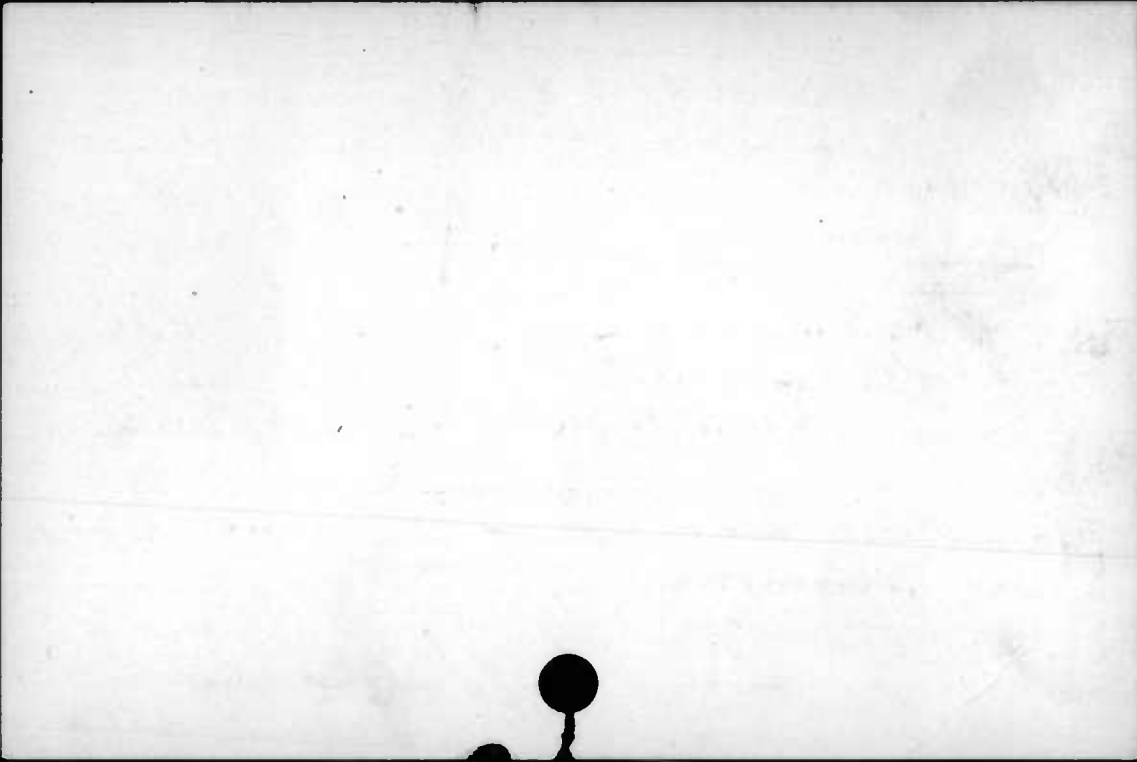
Address

Petersville

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Robert Hoover

CERTIFICATE OF DEATH

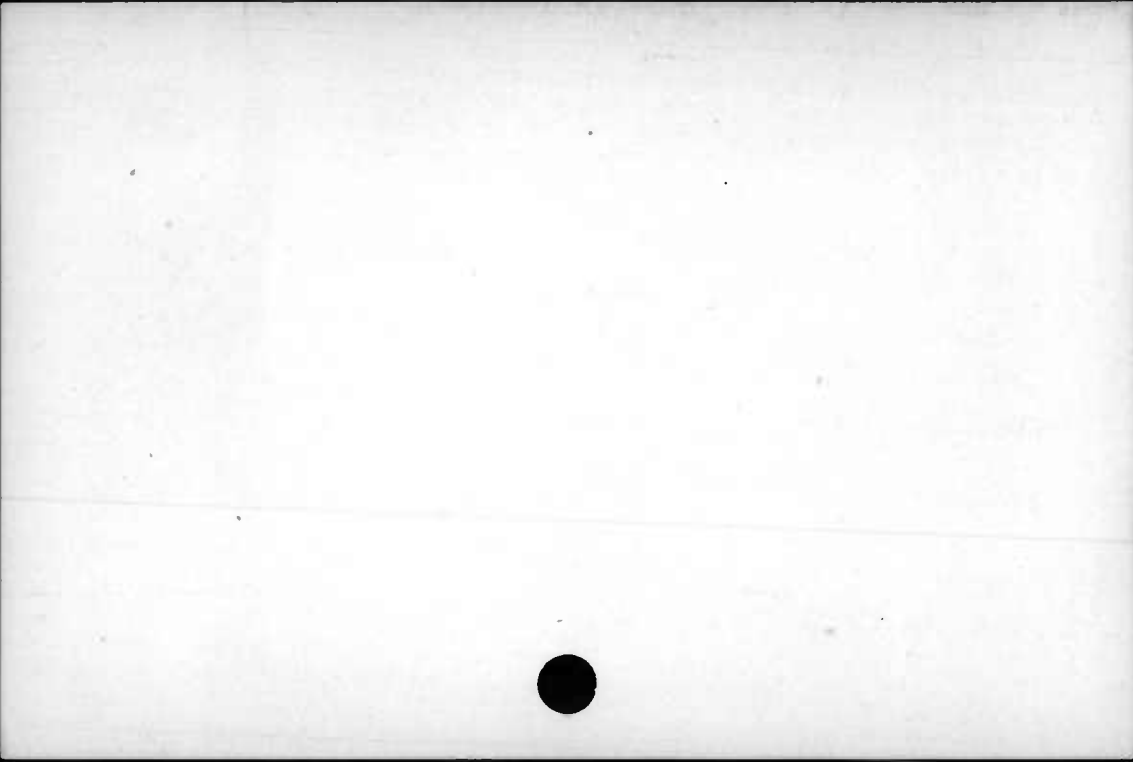
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		June	29 th	37		unknown	unknown
Sex		Color or Race		Birth place			
male		white		Baltimore			
Occupation				Where Residing if not at place of death			
Clerk.				Baltimore			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Unknown				Unknown			
Mother's Maiden Name				Mother's Birthplace			
"				"			
Name of person giving information				How related to deceased			
Rec'd Mt Hope Retreat				not at all -			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mamian Chronic -	How long	abt 25 years -
Immediate	Bright's Disease -	How long	abt 2 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Frank J. Flannery	
		Address	
		Mt Hope Retreat.	
		Mt Hope Md -	
Accident or Suicide?			



Name
in
Full

Unnamed Infant

CERTIFICATE OF DEATH

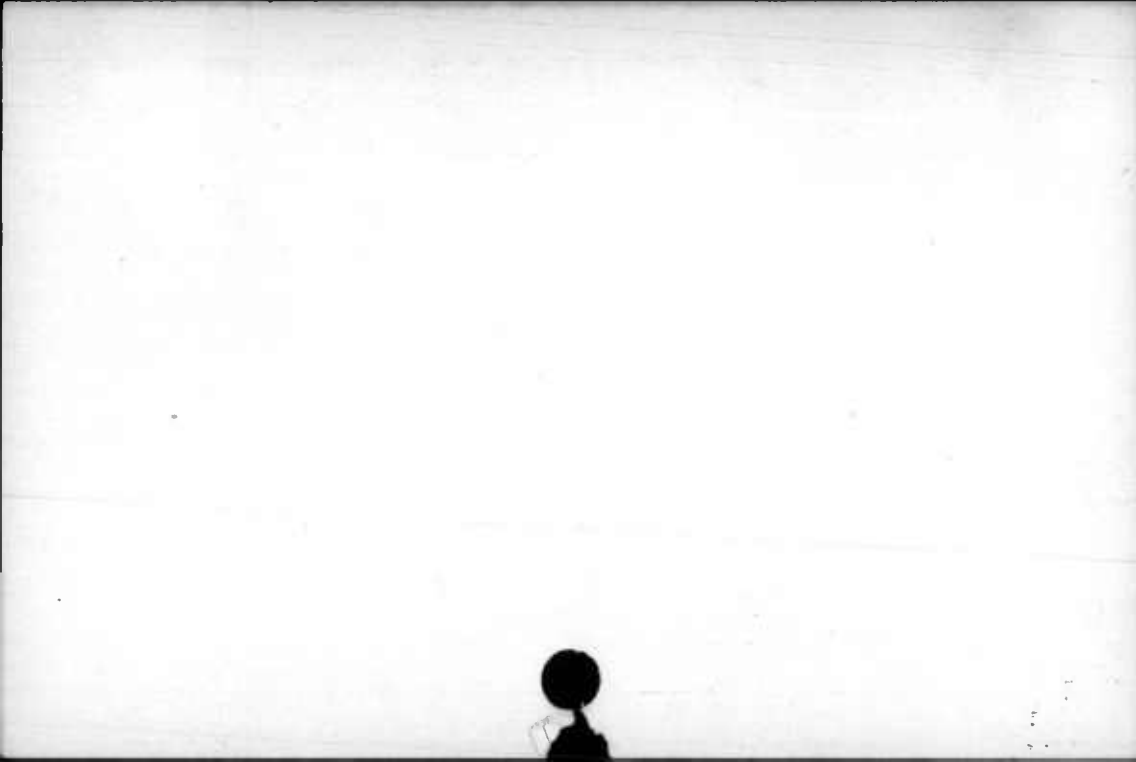
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bear</i> ^{Town}		<i>Balls</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	<i>June</i> ^{Month}	<i>13</i> ^{Day}	Age <i>—</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm H Howell</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Mary A. Morris</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Wm H Howell</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	<i>S.</i>	How long <i>—</i>
Immediate		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician	
	Address <i>John W. Harrison</i>	
	<i>Box 15 D. Balls MD</i>	
Accident or Suicide? <i>W</i>		



Name
in
Full

Chas. Hughes

CERTIFICATE OF DEATH

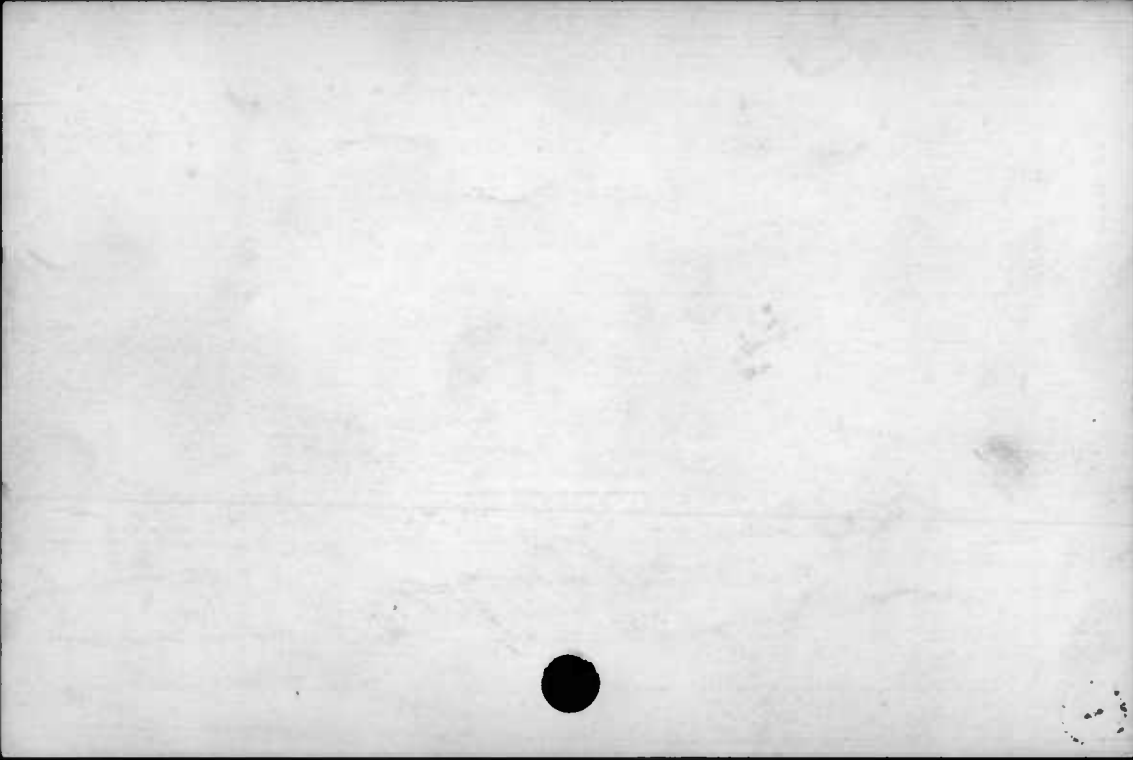
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Georgetown</i>		Town <i>Georgetown</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>3rd</i>	Age <i>1</i>	Years <i>1</i>	Months <i>5</i>	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>as above</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Harry Hughes</i>				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>measles</i>	How long	<i>48 hours</i>
Immediate	<i>convulsions</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William</i>	
no		Address <i>1114 Chesapeake</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *804 N. Clinton St. Highlandtown Balto.*Date of death *1905* ^{Month} *June* ^{Day} *3* ^{Age} *68* ^{Years} *8* ^{Months} *7* ^{Days}Sex *Male* Color or Race *White* Birth-place *Germany*Occupation *Baker* Where Residing if not at place of death *804 N. Clinton St.*Married, Single or Widowed *Married* Name of Wife or Husband *Mary Thuth*Father's Name *Henry Thuth* Father's Birthplace *Germany*Mother's Maiden Name *Not known* Mother's Birthplace *—*Name of person giving information *Mary Thuth* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Bronchial Catarrh* How long *From Jan. 15, 1905*Immediate *Pneumonia* How long *5 days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John H. Rehberger*Address *#1709 Alice Anna*Accident or Suicide? *neither* *Balto., Md. June 4, 1905*PHYSICIAN
OR CORONER

Henry Koeck + Love
Holy Redeemer Cem.

Name
in
Full

CERTIFICATE OF DEATH

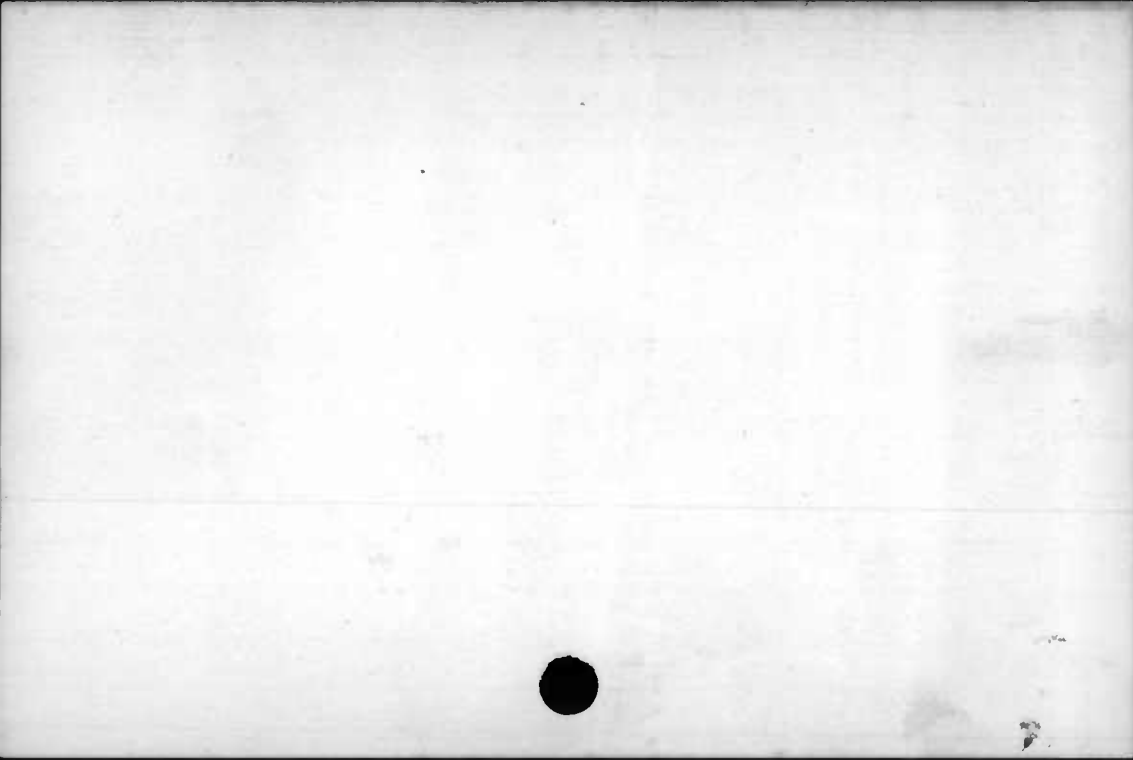
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <u>Thomas James</u>		Town <u>Granville</u>		County <u>Baltimore</u>		MARYLAND	
Died at <u>Granville</u>		Month <u>June</u>		Day <u>23</u>		Age <u>65</u>	
Date of death <u>1905</u>		Months <u>—</u>		Years <u>—</u>		Days <u>—</u>	
Sex <u>male</u>		Color or Race <u>Black -</u>		Birth-place <u>Virginia</u>			
Occupation <u>labour</u>		Where Residing if not at place of death <u>—</u>					
Married, <u>Single</u>		Name of Wife or <u>Rosa James</u>					
Father's Name <u>—</u>		Father's Birthplace <u>—</u>					
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>					
Name of person giving information <u>Henry Nare</u>		How related to deceased <u>none</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Compound Fracture of Skull</u>	How long <u>few minutes</u>
Immediate <u>Shock & Anemia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John T. Isaac, Jr.</u>
	Address <u>acting as coroner</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Chapman Johnson

CERTIFICATE OF DEATH

Died at *Oregon P.O.* *Baltimore* County

MARYLAND

Date of death *1905* Month *June* Day *11* Age *68* Years Months DaysSex *Male* Color or Race *Colored* Birth-place *Albermarle Co Va*Occupation *Laborer* Where Residing if not at place of death *Oregon Ind*Married ~~Single~~ ~~Widowed~~ Name of Wife or HusbandFather's Name *Not Known* Father's Birthplace *Va*Mother's Maiden Name *Dolly Nelson* Mother's Birthplace *"*Name of person giving information *James E. Johnson* How related to deceased *Son*

CAUSES OF DEATH

Primary *Apoplexy* How long *Two hours*Immediate *Apnea* How long *" "*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

J. H. Drach
Buffalo Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

To Be Perused at
Gaulfs Chapter origin 13
By Ensens & Tric

Name
in
Full

W. C. Johnston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1905</i> Month	<i>June</i> Day	<i>30</i> Age	<i>57</i> Years	Months Days
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Virginia</i>
Occupation	<i>Jeweller</i>		Where Residing if not at place of death		
Maiden Name or Widowed	Name of Wife or Husband <i>none</i>				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information	<i>Lewis T. Gundry</i>				How related to deceased <i>not related</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Anemia & Neurasthenia</i>	How long	<i>About 6 mos.</i>
Immediate	<i>Mania</i>	How long	<i>1 mos</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Lewis T. Gundry</i>
		Address	<i>Relay Station, Md</i>
Accident or Suicide?			

Leesburg

Virginia
Evan H. Spence.

Name
in
Full

Charles R. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Pikesville* ^{County} *Baltimore* **MARYLAND**

Date of death 190 ^{Month} *5* ^{Day} *21st* Age ^{Years} *86* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Ohio*

Married, Single or Widowed *Widower* Occupation *Old Soldier*

Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Chas. Dallam* How related to deceased *None*

CAUSES OF DEATH

Primary *Senile Debility* ☒ How long *several mths*

Immediate *Exhaustion* ☒ How long *some weeks*

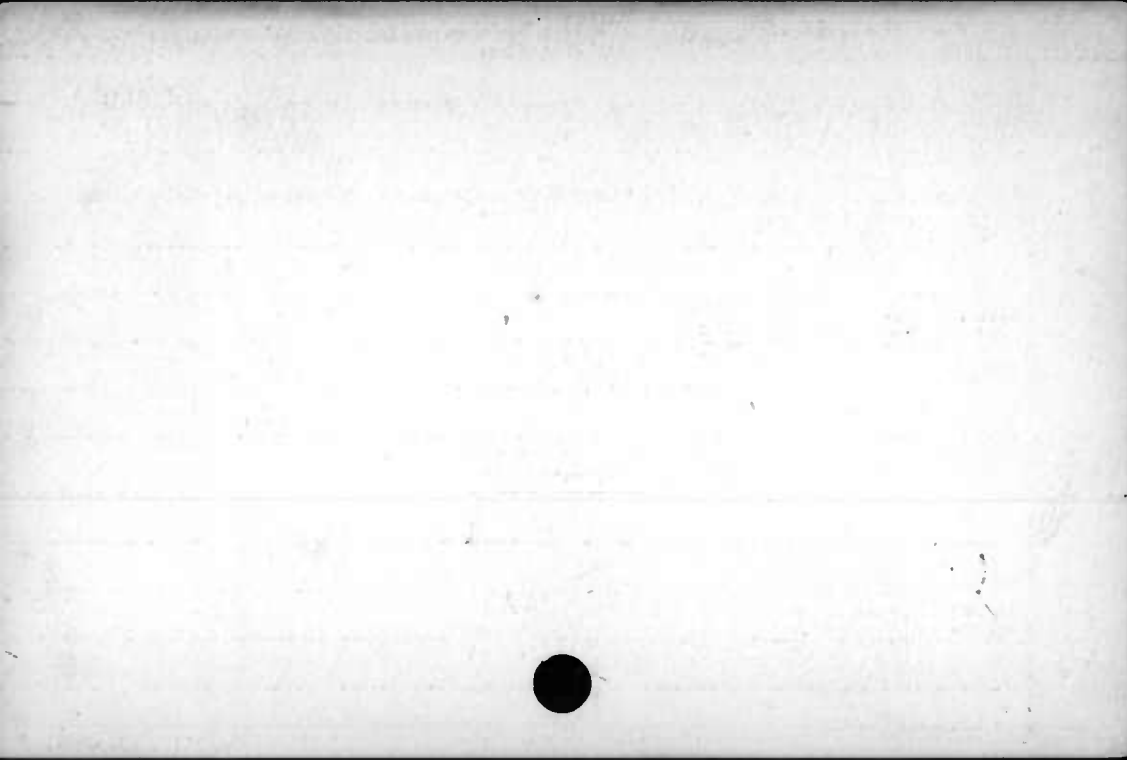
Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

W. E. Nye
Perkasie, Md

Accident or Suicide?



Name In Full

Certificate of Death

Sarah Jones
 Town *Wt Washington* County *Baltimore* MARYLAND
 Died at

Date *1905* *June 22* Month *June* Day *22* Y. *69* M. *69* D. *69* Native of *Wt* Occupation *Cook*
~~Male~~ ~~White~~ Married ~~Widow~~ Divorced
 Female Colored ~~Single~~ ~~Widow~~ Number of children living

Husband of *Samuel Jones*
 Wife
 Father's Name *Paul Cook* Mother's Name

Cause of Death Primary *Organic heart trouble* How long sick *instantly*
 Immediate Accident, Suicide, Homicide

Reported by *James N. Barnes Cor.*
 Address *Wt Washington*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

William J. J. W.

of

Washington Md

Seen by Coroner

James M. Berman

of

Washington

Information contained in this certificate received

from

Martha Thomas daughter

of

Baltimore

Under Secretary J. B. Byer

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jones, Rebecca*

Died at *Leansville* Town *Balto* County

Date of death 1905 *June* Month *16* Day Age *80* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Maryland.*

Married, Single or Widowed *Single* Occupation *Dress maker.*

Name of Wife or Husband *X*

Father's Name *X* Father's Birthplace *X*

Mother's Maiden Name *X* Mother's Birthplace *X*

Name of person giving information *X* How related to deceased *X*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senile Dementia* How long *12 yrs.*

Immediate *Ch Interstitial Nephritis* How long *12 mos.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. Rader*

Address *Leansville, Ind*

Accident or Suicide? *No.*

Gen. J. Smith.
Mount Obit.

Name

in
Full

CERTIFICATE OF DEATH

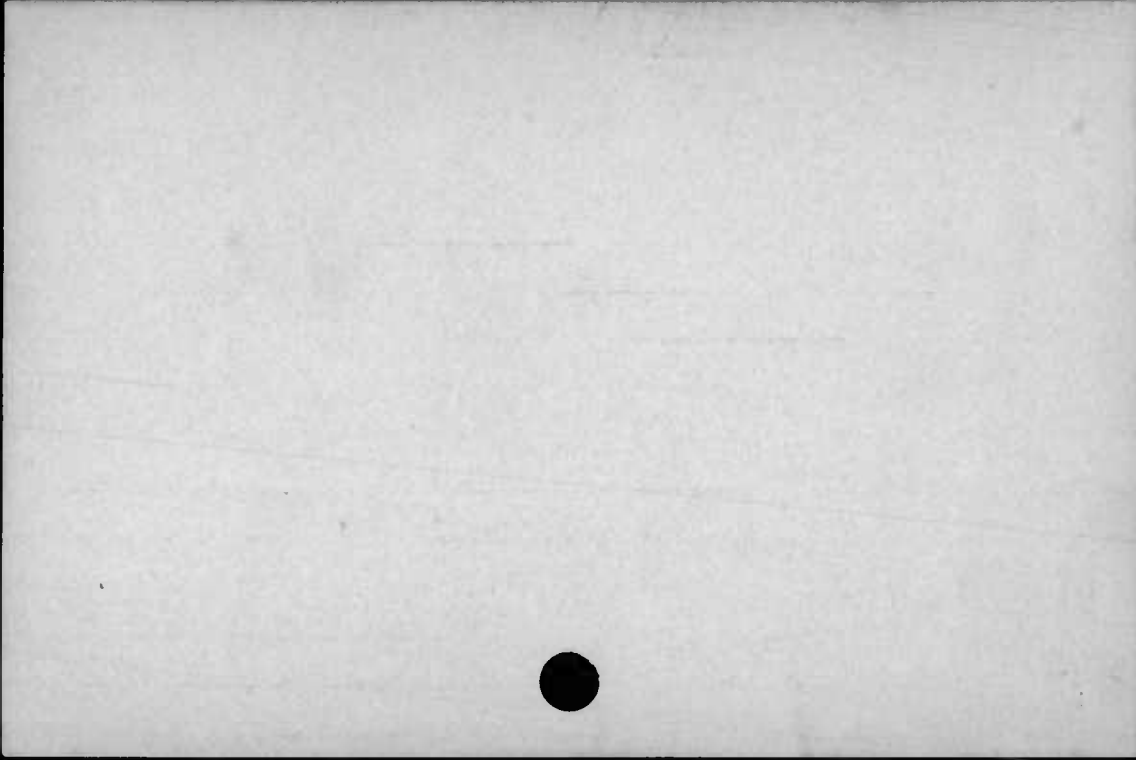
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middle River</i> ^{Town}		<i>Balls</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>June</i> ^{Month}	<i>5</i> ^{Day}	<i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>mn</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Geo J Rath</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Annie Smith</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Geo Rath</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stomach</i>	<i>S.</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W Harrison md</i>	Address <i>Pan off. 15 W Balls Co</i>
Accident or Suicide? <i>md</i>		



Name in Full Mary E Klein		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Chanton Town		Balto County
	Date of death 1905 Month June Day 18th Age 6 Years		Months 3 1/2 Days —
	Sex Female	Color or Race White	Birth-place —
	Occupation child		Where Residing if not at place of death —
	Married, Single or Widowed —	Name of Wife or Husband —	
	Father's Name August Klein	Father's Birthplace Balto Co.	
	Mother's Maiden Name Barbara Welsh	Mother's Birthplace " "	
Name of person giving information August Klein	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER (1)	Primary Typhoid Fever		How long 8 days
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C. W. H. H. H.
	Address 2 Hudson St. N.Y.C.		
Accident or Suicide? —			

St. Carmel
H. Sanders and Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John G. W. Kline</i>		Town <i>Klines Park Balto Co</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Klines Park Balto Co</i>		Month <i>June</i>		Day <i>16</i>		Age <i>3</i> Years <i>11</i> Months	
Date of death <i>June 16 1905</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Balto</i>	
Occupation <i>C</i>				Where Residing if not at place of death <i>1111 1/2 St</i>			
Married, Single or Widowed <i>C</i>		Name of Wife or Husband <i>C</i>					
Father's Name <i>John G W Kline</i>						Father's Birthplace <i>Balto</i>	
Mother's Maiden Name						Mother's Birthplace <i>"</i>	
Name of person giving In formation <i>John G W Kline</i>						How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>		How long <i>about 6 weeks</i>	
Immediate <i>Exhaustion</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. R. R. R. R.</i>	
		Address <i>825 N. Carroll St</i>	
Accident or Suicide?			

Fickner & Son

Louder Park

Name
in
Full

Mary Wilson Knight.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Catonsville

Town

Baltimore

County

Date

of death 1905 June

Month

Day

21

Age

Years

51

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Balto Co.

Occupation

House wife

Where Residing if not
at place of death

Catonsville

Married, Single
or Widowed

widow

Name of Wife or
Husband

Edward Knight

Father's
Name

Amos E. Wilson

Father's
Birthplace

Frederick Co

Mother's
Maiden Name

Elizabeth Hook.

Mother's
Birthplace

Baltimore Co

Name of person giving
In formation

Frank Wilson

How related
to deceased

Brother.

CAUSES OF DEATH

Primary

Exophthalmic goitre

How long

3 yrs.

Immediate

Asthma

How long

5 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

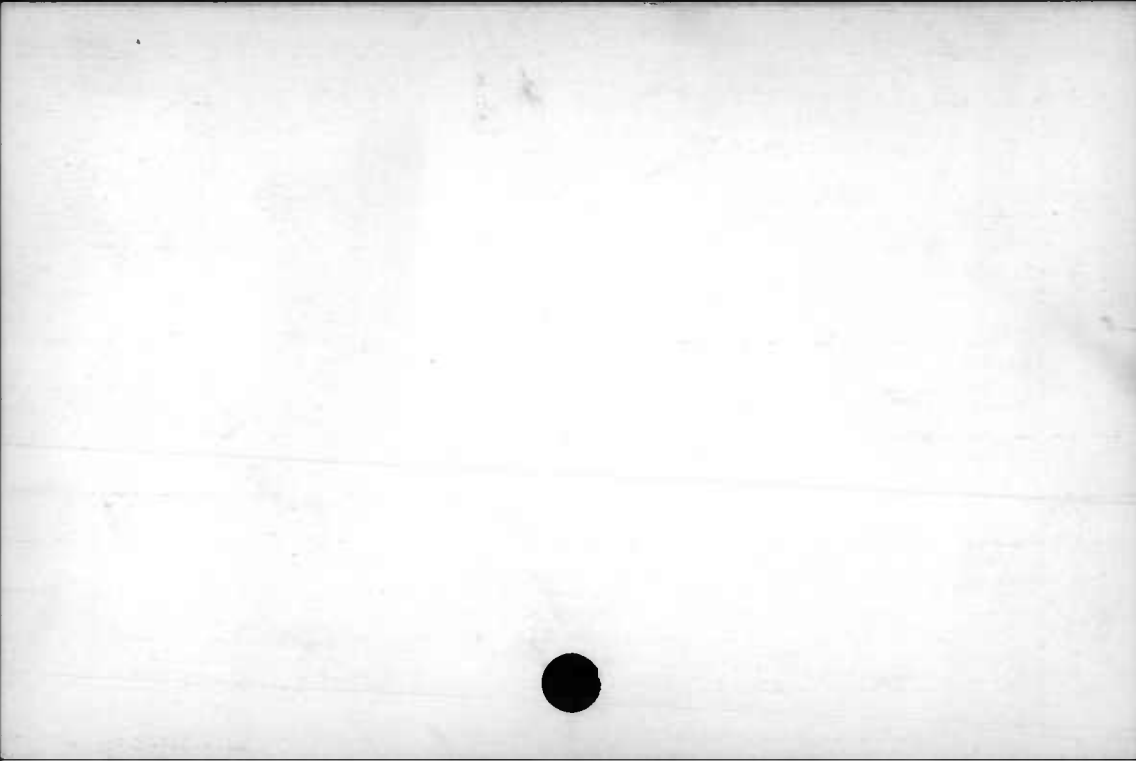
Signature of
Physician

Address

Marshall B West,
Catonsville Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Infant child of Mrs. Margaret F. Kroner

CERTIFICATE OF DEATH

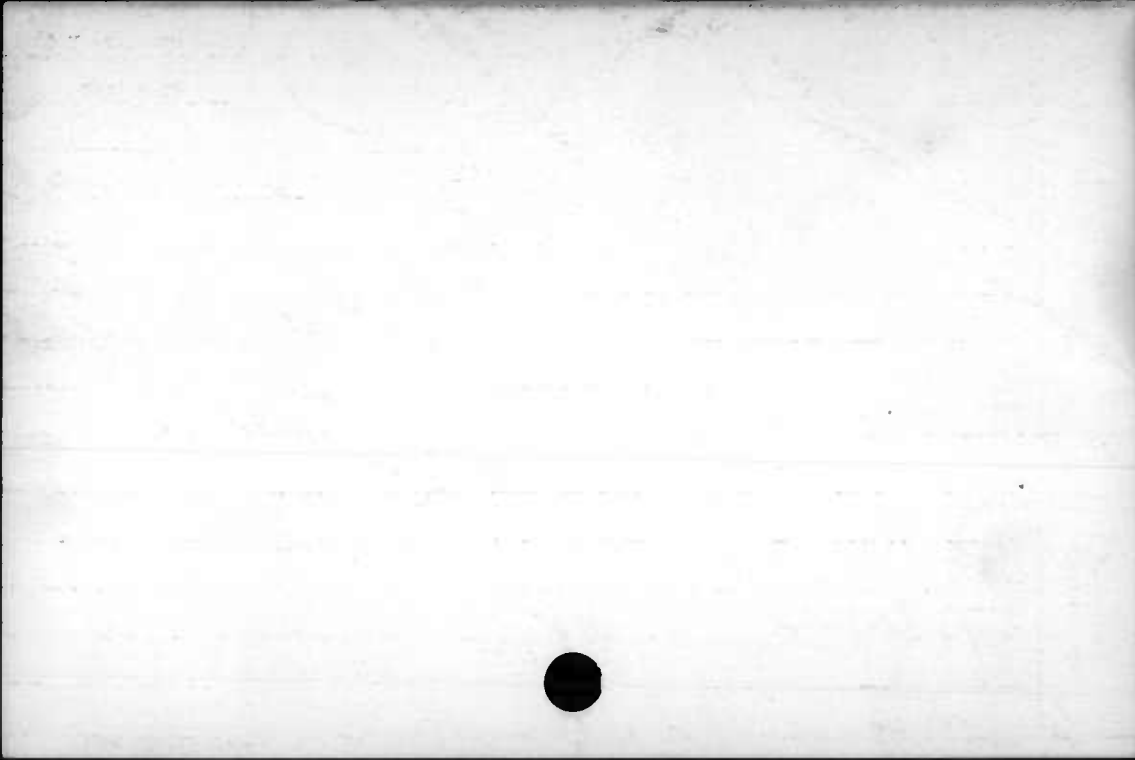
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i> <small>Town</small>		<i>Bates</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>June</i> <small>Month</small>	<i>5</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Catonville Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>George R. C. M. Kroner</i>			Father's Birthplace <i>Baltimore Md</i>		
Mother's Maiden Name <i>Margaret Estelle Rolling</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>G. Kroner</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>S.</i>	How long
Immediate	<i>Still born</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>C. Rushmore White MD</i>
		Address <i>Catonville Md</i>
Accident or Suicide? <i>—</i>		



Joseph H Lane

Town

County

Died at

Lauraville

Baltimore

MARYLAND

Date 1905 6 14 Age 70 5 Native of Maryland Occupation Retired

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband
of

Mary Lane

Father's
Name

Dont know

Mother's
Name

Dont know

Cause of

Primary

Organic disease of heart

How long sick

Death

Immediate

Syncope

Accident, Suicide, Homicide

Reported by

E. G. Darling

A. Pres

Lauraville



Name
in
Full

Mary Catherine Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Luxa* Town*Balto* CountyDate of death *1908 June*Day
*2*Age *61* YearsMonths
*0*Days
*0*Sex *Female*Color or Race *African*Birthplace *St Marks Co Md*Occupation
*Washer woman*Where Residing if not at place of death
*Sister of her residence*Married, Single or Widowed
*Widow*Name of Wife or Husband
*Jesse Lee*Father's Name
*Barnes*Father's Birthplace
*Unknown*Mother's Maiden Name
*Do not know*Mother's Birthplace
*Unknown*Name of person giving information
*Mrs Cynthia Jenkins*How related to deceased
Sister in law

CAUSES OF DEATH

19

PHYSICIAN
OR CORONERPrimary
*Valvular disease of Heart*How long
*Three years*Immediate
*Pulmonary Embolism*How long
*12 hours*Are the name, age, sex, color, date and place correctly given above?
*Yes*Signature of Physician
*Dr B. B. Bennett*Address
Backyardville Md

Accident or Suicide?

Interment

Verfail, Foster's Cem

June 4 12

4

W. C. Brooks

Name
in
Full

William J. Lecher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Relay		County Baltimore		MARYLAND	
Date of death		1905	Month June	Day 28	Age 36	Years 10	Months Days
Sex male		Color or Race white		Birth-place Pa.			
Occupation Deputy Clerk of Court		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name John B. Lecher		Father's Birthplace Pa.					
Mother's Maiden Name Phoebe A. Lecher		Mother's Birthplace N.Y.					
Name of person giving information J. Ralph Lecher		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic inflammation of the brain	How long	About 5 mos
Immediate	Ephorization	How long	1 wk.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Lewis H. Spencer, M.D.	
Address		Relay Station	
Accident or Suicide?		No	

S. Matfield

Name
in
Full

Wilhelmina Luckert.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lanarville		County Baltimore		MARYLAND	
Date of death		1905	Month June	Day 17	Age 63	Months 10	Days 20
Sex Female		Color or Race W.		Birth- place Germany.			
Occupation Wife				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Conrad Luckert.			
Father's Name		Justi Frank		Father's Birthplace		Germany	
Mother's Maiden Name				Mother's Birthplace		Germany	
Name of person giving In formation		Conrad Luckert		How related to deceased		Husband.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER
①

Primary	Symptoms.	How long	—
Immediate	Apoplexy.	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Walter H. Virdal.	
Address		Hamilton	
Accident or Suicide?			

E. Schloman & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jury L. Lumsden

Died at *Pikesville* Town

County

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death 1905

6

5

61

Sex

*Male*Color or
Race*White*Birth-
place*North Carolina*Married, Single
or Widowed

Occupation

*Engineer*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information*H. H. Mathews*How related
to deceased*none*

CAUSES OF DEATH

Primary

Poisoning

How long

many years

Immediate

Meningitis

How long

*one week*Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician

Address

*W. E. Nymy
Pikesville Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER
7

Bury at
London Park

11

Name
in
Full

Rebecca Lyeert.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Groene</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1905</i> Month <i>June</i> Day <i>23</i>	Age	Years <i>78</i>	Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>London England</i>
Occupation	<i>None</i>	Where Residing if not at place of death		<i>Washington D.C.</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Edward Lyeert</i>			Father's Birthplace	<i>England</i>
Mother's Maiden Name	<i>Rebecca Spores</i>			Mother's Birthplace	<i>England</i>
Name of person giving information	<i>Mr Geo Lyeert</i>			How related to deceased	<i>Brother</i>

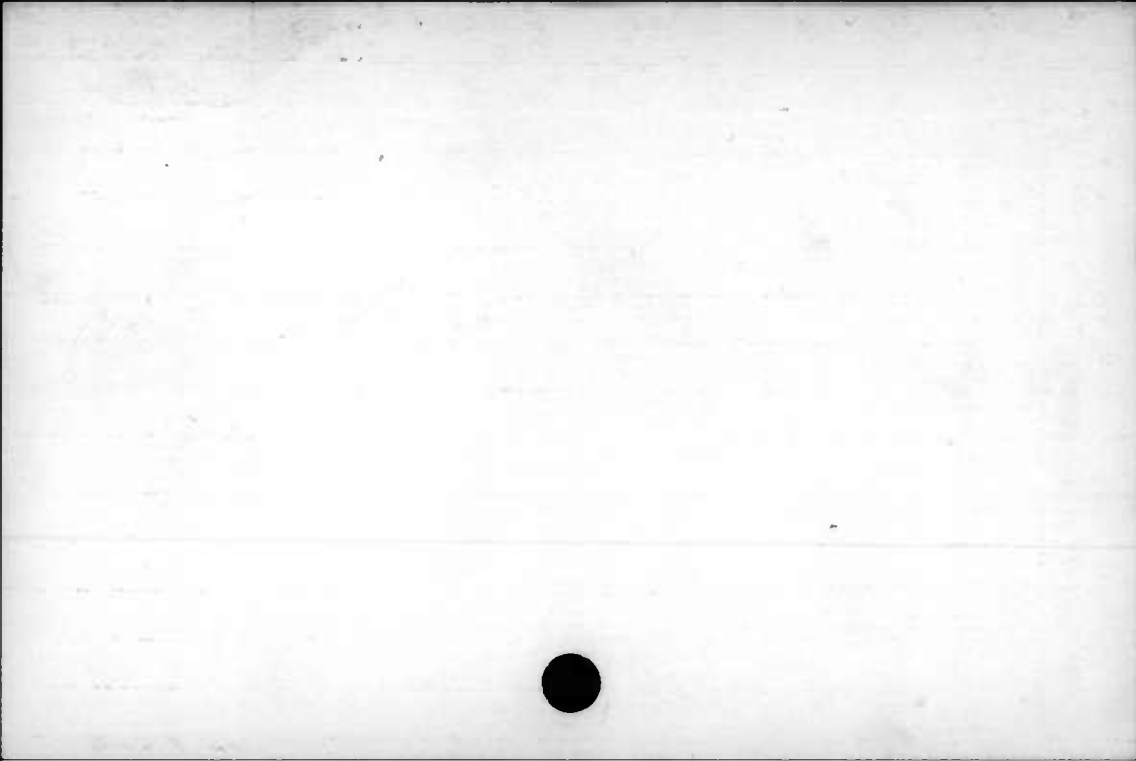
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Lung</i>	How long	<i>6 mo ?</i>
Immediate	<i>Pneumitis</i>	How long	<i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo W Hoe King</i>
		Address	<i>Sta W. City</i>
Accident or Suicide?			

John H. Sager
Undertaker
Baltimore Cemetery

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Gorane</i> Town		<i>Barto</i> County		MARYLAND
	Date of death <i>1905</i>	<i>6</i> Month	<i>16</i> Day	Age _____ Years	Months _____ Days _____
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Gor Road</i>	
	Occupation _____	Where Residing if not at place of death <i>Gorane</i>			
	Married, Single or Widowed _____	Name of Wife or Husband _____			
	Father's Name <i>Samuel McNamee</i>	Father's Birthplace <i>Barto Co</i>			
	Mother's Maiden Name <i>Susan Goss</i>	Mother's Birthplace <i>Weymouth</i>			
Name of person giving information <i>S. McNamee</i>	How related to deceased <i>Father</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Foot putrefaction</i>		How long <i>1/2 hr</i>		
	Immediate <i>Probably Suppuration</i>		How long _____		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edw. Hocking</i>		
	Address <i>Gorane, Fla City</i>				
Accident or Suicide? <i>No.</i>					



Name
in
Full

CERTIFICATE OF DEATH

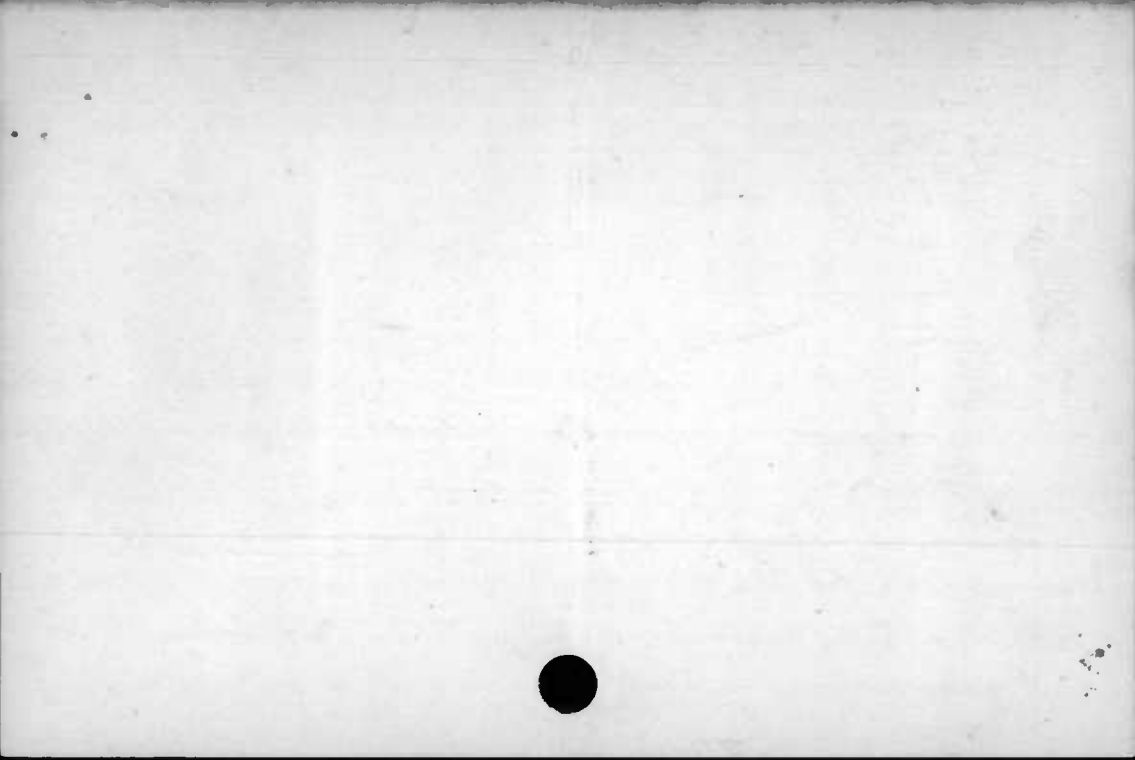
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow Point</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>June</i> ^{Month}	<i>30th</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Sparrow Point</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Louis F. Markell</i>			Father's Birthplace <i>M.d</i>		
Mother's Maiden Name <i>Mary E. Leichner</i>			Mother's Birthplace <i>M.d</i>		
Name of person giving information <i>Louis F. Markell</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>still born infant</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. J. McDermick M.D.</i>
	Address <i>Sparrow Point M.d</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Katherine Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Endowment Sanatorium ^{County} Balto.

MARYLAND

Date of death 1905 Month 6 Day 10 Age 28 Months Days

Sex female Color or Race white Birth-place Baltimore

Occupation Clerk + Sewing Where Residing if not at place of death

Married, Single or Widowed Single Name or Wife or Husband

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Miss Hoffman How related to deceased none

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long one year
Immediate Exhaustion How long one month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide? no

PHYSICIAN
OR CORONER

Horace Burgee

3631 Fall Road

St. Marys Gorhamtown

Name in Full **Daniel Roy Masemore**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

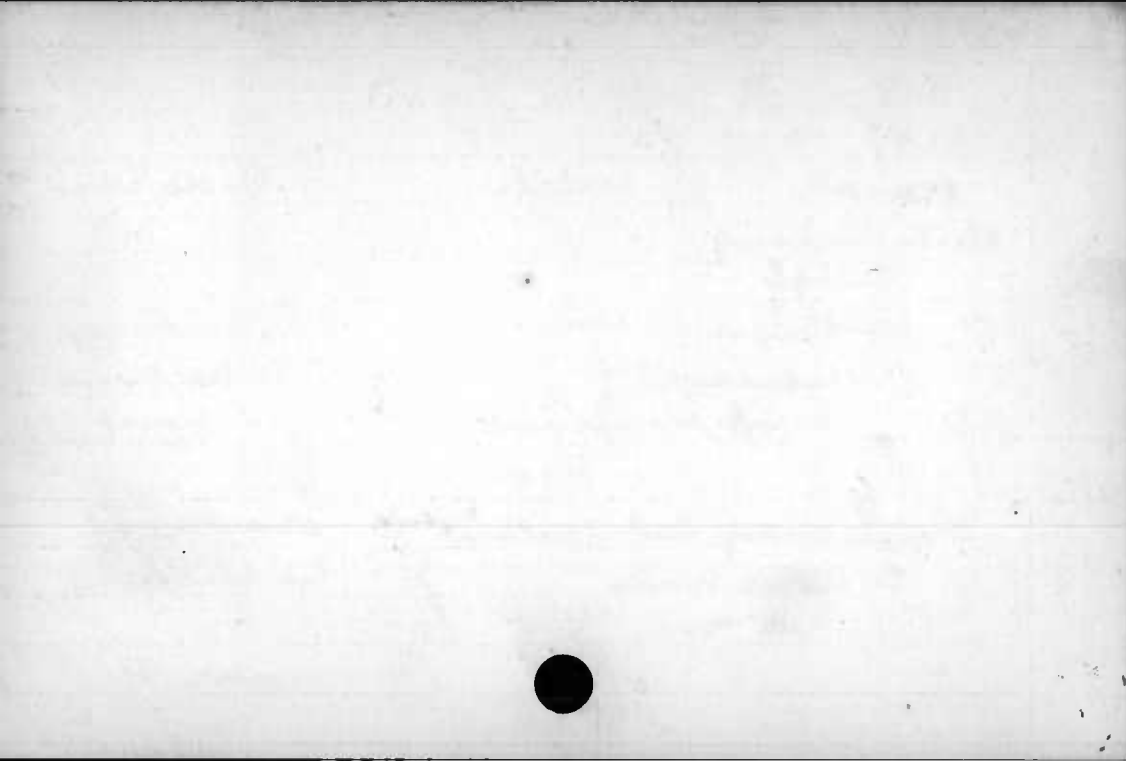
MARYLAND

Died at Ruhls Town		County Butmore	
Date of death 190 5 Month 6 Day 30	Age 2 Years	Months	Days
Sex Male	Color or Race White	Birth-place Ruhls But Co	
Married, Single or Widowed Single		Occupation ---	
Name of Wife or Husband ---			
Father's Name W. H. G. Masemore		Father's Birthplace Balt Co 6th Dis	
Mother's Maiden Name Rose Fisher		Mother's Birthplace Shynghur Township York Co Pa	
Name of person giving Information Father W. H. G. Masemore		How related to deceased ---	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Capillary Bronchitis	How long 2 month
Immediate from birth	How long ---
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician E. R. Albaugh
	Address Glen Rock, Pa.
Accident or Suicide? ---	



Name
in
Full

Barbara Meise,

CERTIFICATE OF DEATH

Town

County

Died at

Fullerton

Baltimore

MARYLAND

Date

of death 1905

Month

June

Day

26

Years

56

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Baltimore

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name or ~~name of late~~
Husband

Arthur Meise

Father's
Name

John Sippel

Father's
Birthplace

Germany

Mother's
Maiden Name

Not Known

Mother's
BirthplaceName of person giving
information

Lawrence Meise

How related
to deceased

Son

CAUSES OF DEATH

Primary

Arteriosclerosis - Bright's Disease - Chorea

How long

700 & months

Immediate

Failure of Vital Forces

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Lizard S. Whitford

Address

Fullerton, Md.

To the best of my knowledge

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

7

Jerusalem

Name
in
Full

CERTIFICATE OF DEATH

Sophia Mergenthaler
 Died at *Glen Morris* *Balto.*

MARYLAND

Date of death *1905* *June* *17* Age *—* Months *—* Days *42*

Sex *Female* Color or Race *White* Birth-place *Glen Morris*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*

Name of Wife or Husband

Father's Name *Fred Mergenthaler*

Father's Birthplace *Germany*

Mother's Maiden Name *Sophia Davis*

Mother's Birthplace *Wales*

Name of person giving information *Father*

How related to deceased

CAUSES OF DEATH

Primary *Marasmus*

How long *3 weeks*

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

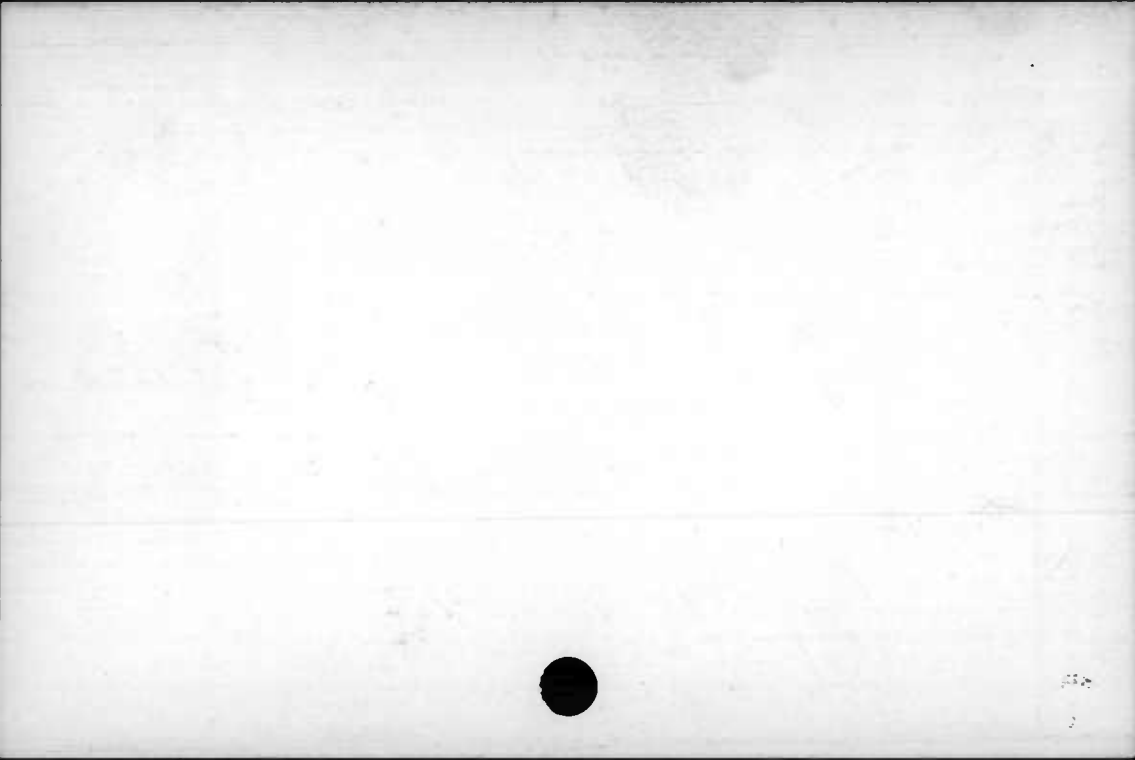
Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

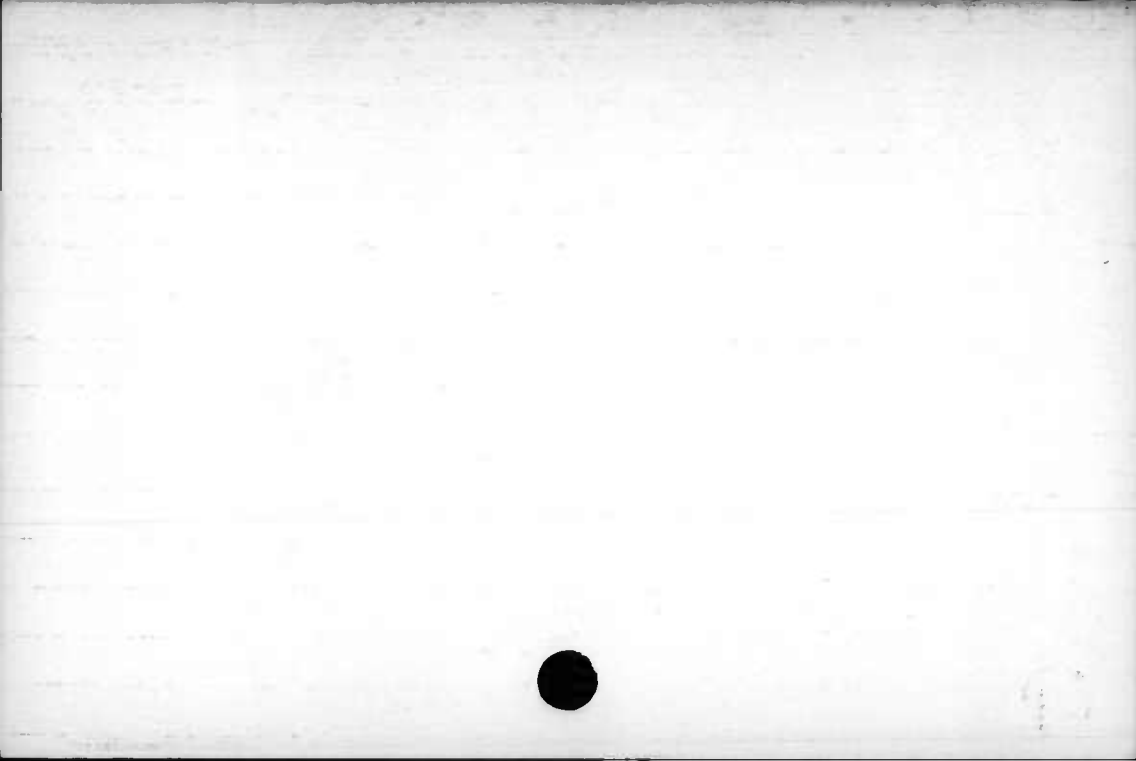
MARYLAND

Died at <i>Rosedale</i> ^{Town}		<i>Balti</i> ^{County}	
Date of death <i>1905</i>	<i>June</i> ^{Month}	<i>28</i> ^{Day}	Age <i>57</i> ^{Years}
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Balti</i>	Months <i>8</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <i>Mary A. Gaedbeck</i>		
Father's Name <i>Anton Meyer</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Eliz. Stockhoff</i>	Mother's Birthplace		
Name of person giving information	How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long	<i>7 months</i>
Immediate	<i>Type</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. C. Green</i>	
		Address <i>Gardenville Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bessie May Miller</i>		Town <i>Norron</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Norron</i>		Date of death <i>1905</i>		Month <i>June</i>		Day <i>3</i>	
Age <i>6</i>		Years <i>6</i>		Months <i>11</i>		Days <i>22</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Norron Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>no other residence</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Henry C Miller</i>		Father's Birthplace <i>Norron Md</i>					
Mother's Maiden Name <i>Henrietta Talbott</i>		Mother's Birthplace <i>Howard Co Md</i>					
Name of person giving information <i>Henry C Miller</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Meningitis</i>	How long <i>14 days</i>
Immediate <i>Pulmonary Congestion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr M. Robinson</i>
	Address <i>Cockeysville Md</i>
Accident or Suicide? <input type="checkbox"/>	

To be written by
Emerson & Price as -
Pollar,

Name
in
Full

Martha Mines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

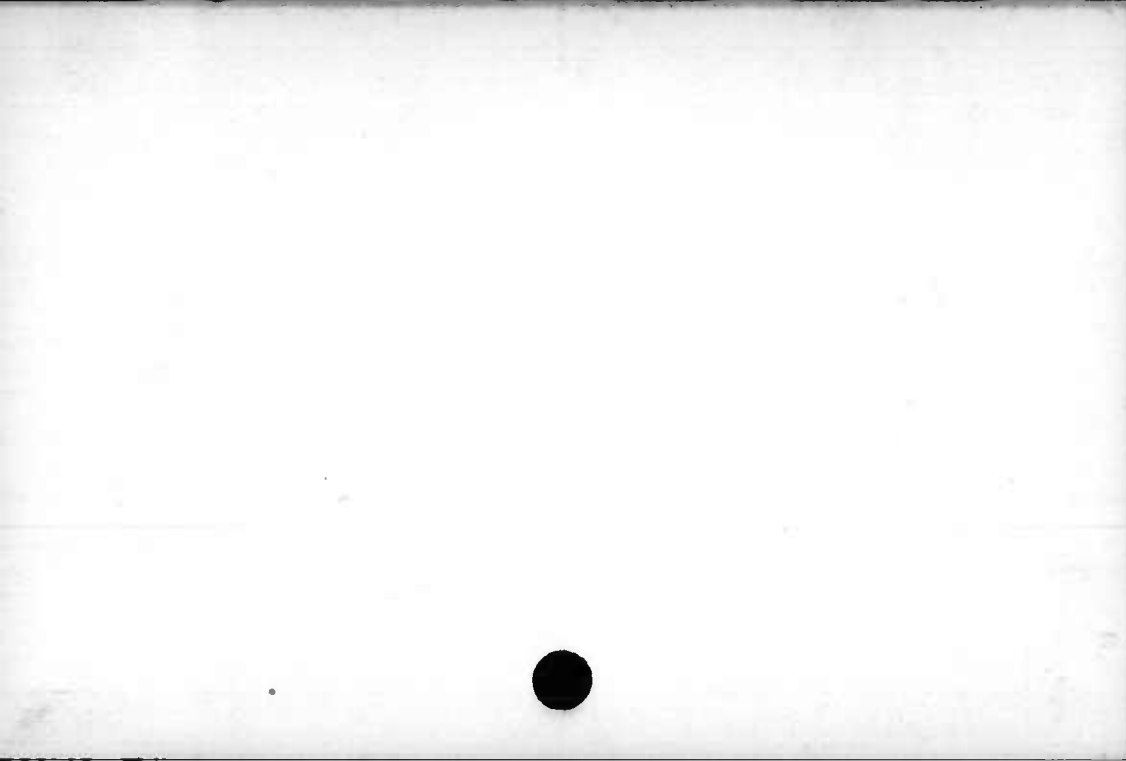
Died at <i>Walters</i> ^{Town} <i>P.O.</i> ^{County} <i>Balto</i>		MARYLAND	
Date of death 190 <i>5</i>	<i>5</i> ^{Month}	<i>29</i> ^{Day}	<i>0</i> ^{Years}
Sex <i>Female</i>		Color or Race <i>Colored</i>	Birth-place <i>Ind</i>
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <i>William Mines</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Clementine Brown</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving Information <i>William Mines</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

Primary <i>Exhaustion</i>	How long
Immediate <i>Premature Birth</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm E Jenkins</i>
Accident or Suicide? <i>No</i>	Address <i>707</i>

PHYSICIAN
OR CORONER

1



Name
in
Full

Leo Edward Mulligan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Govanstown</i>		<i>Balto</i> County		MARYLAND	
Date of death	<i>1905 June</i>	Month	<i>9</i>	Day	<i>13</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Govanstown</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>James Mulligan</i>			Father's Birthplace	<i>Govanstown</i>
Mother's Maiden Name	<i>Katherine J. O'Connell</i>			Mother's Birthplace	<i>Balto City</i>
Name of person giving information	<i>James Mulligan</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>acute indigestion</i>	How long	<i>25 days</i>
Immediate	<i>Convulsions cardiac failure</i>	How long	<i>about 24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Barrett MD</i>
		Address	<i>Govanstown Balto. C.</i>
Accident or Suicide?			

Martin Pahey & Sons

Bonnie Brae Cemetery

Name
in
Full

Raymond Mulvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Jenkins TownBaltimore CountyDate of death 1905 Month JuneDay 25thAge 16 Years

Months

Days

Sex

MaleColor or
RacewhiteBirth-
placeNew York

Occupation

LaborerWhere Residing if not
at place of death~~Married~~, SingleSingleName of Wife or
HusbandFather's
NameUnknown, (deceased)Father's
BirthplaceUnknownMother's
Maiden NameUnknown, "Mother's
BirthplaceUnknownName of person giving
InformationMrs. W. A. TroyHow related
to deceasedNone

CAUSES OF DEATH

Primary

How long

Immediate

Deceased

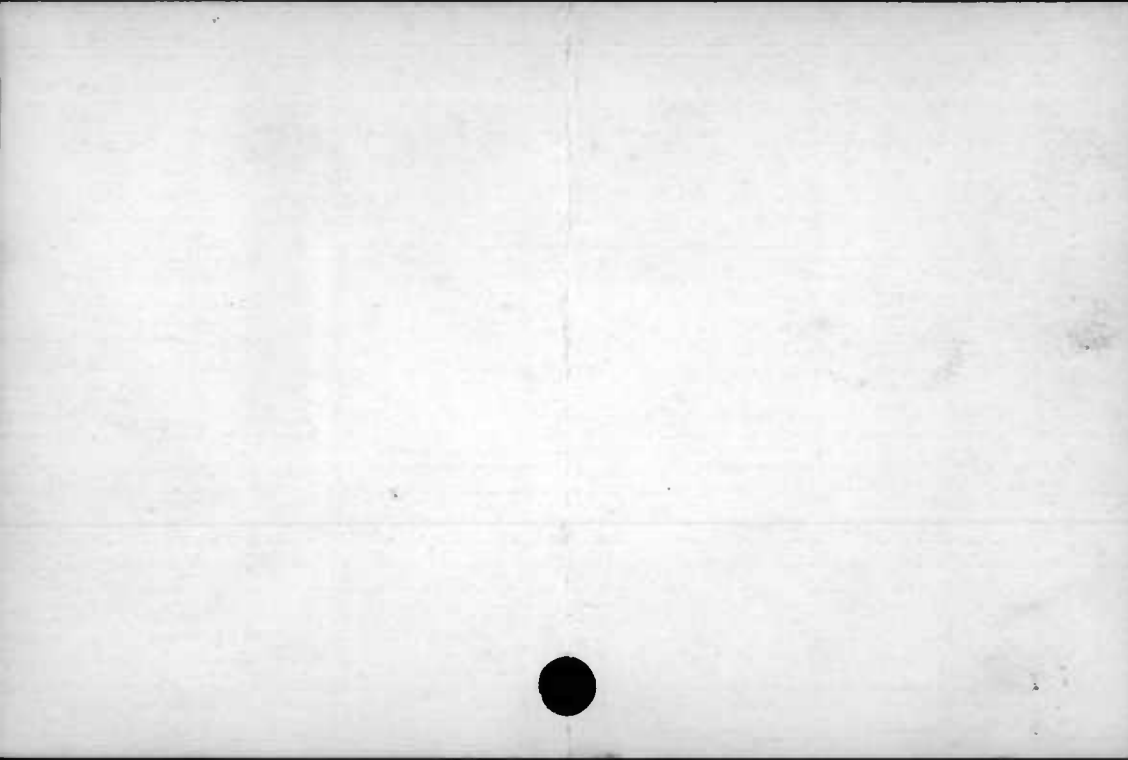
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
~~Physician~~

Address

Geo. T. Arnold, Coroner
Jenkins, MdAccident ~~outside~~?PHYSICIAN
OR CORONER

1



Name
in
Full

Annie Rose Myers

CERTIFICATE OF DEATH

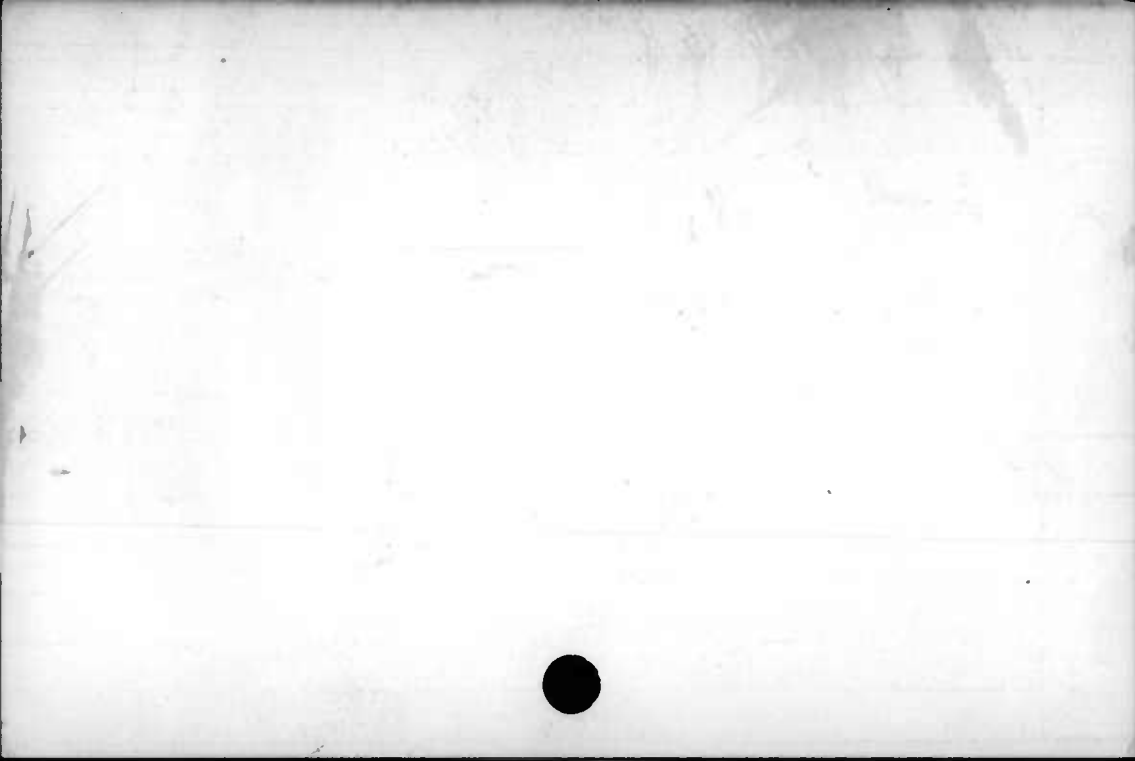
TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Baldwin</u>		Town <u>Balto.</u>		County		MARYLAND	
Date of death <u>1905</u>		Month <u>June</u>		Day <u>6</u>		Age <u>23</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Balto. Co.</u>		Months <u>—</u> Days <u>—</u>	
Occupation <u>House Wife</u>		Where Residing if not at place of death <u>— " —</u>					
Married, Single or Widowed <u>Single</u>		Name of Wife Husband <u>Leonard Myers</u>					
Father's Name <u>Patrick Hagan</u>		Father's Birthplace <u>Ireland</u>					
Mother's Maiden Name <u>Mary Donohue</u>		Mother's Birthplace <u>Ireland</u>					
Name of person giving Information <u>Leonard Myers</u>		How related to deceased <u>Husband</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gastric-intestinal poisoning</u>		How long <u>2 weeks</u>	
Immediate <u>Exhaustion</u>		How long <u>" "</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. W. Sheen</u>	
		Address <u>Bittings Md.</u>	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. Wesley Myers

Town *Hanover* County *York* Pa *MARYLAND*

1905- Month *June* Day *29* Y. *53* M. *-* D. *-* Native of *Maryland* Occupation *Retired Farmer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *2*

Husband of *Mary Shaffer*

Father's Name *P H L Myers* Mother's Name *Elizabeth Bachman*

Cause of Death { Primary *Tuberculosis* Immediate *Heart Failure* How long sick *7 months* ~~Accident, Suicide, Homicide~~

Reported by *Chas Wagner M.D.*

Address *Hanover York Co., Penna.*



Name
in
Full

Lewis E. Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crown		County Baltimore		MARYLAND	
Date of death	1905	Month	6	Day	23	Age	5
Sex	male	Color or Race	Col	Birth-place	Ind		
Occupation	Lyncher			Where Residing if not at place of death		Crown	
Married, Single or	Married		Name of Wife or Husband		Wife or Husband		
Father's Name	James Myers				Father's Birthplace	Ind	
Mother's Maiden Name	Annie Harris				Mother's Birthplace	Ind	
Name of person giving information	Clarence Harris				How related to deceased	Half brother	

CAUSES OF DEATH

Primary	Enterocolitis	How long	2 weeks
Immediate	Cardiac Asthma	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Royston Green M.D.	
		Address	
		Crown Md.	
Accident or Suicide?			

PHYSICIAN
OR CORONER

James Smith

James H. Smith
Gen Root Elliott

Sandy Bottom Tavern

Name in Full		Lodging Naber				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Monell Park		County Baltimore		MARYLAND		
	Date of death		Month June	Day 20	Age	Years 22	Months 6	Days 0	
	Sex		Male		Color or Race White		Birth-place Germany		
	Occupation Blacksmith				Where Residing if not at place of death				
	Married, Single or Widowed		Single		Name of Wife or Husband				
	Father's Name Christopher Naber				Father's Birthplace Germany				
	Mother's Maiden Name Annie Addehaid				Mother's Birthplace Germany				
Name of person giving information Mother				How related to deceased Mother					
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary Tuberculosis of Lungs				How long 14 months				
	Immediate				How long				
	Are the name, age, sex, color, date and place correctly given above?				yes				
	Signature of Physician Geo. S. M. Kueffer				Address Monell Park Baltimore Md.				
Accident or Suicide?									

H. Fink

Louden Park

Name
in
Full

Frank Benedict Naess

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND	
Date of death	190 <i>5</i>	Month <i>6</i>	Day <i>8</i>	Age <i>4</i>	Years <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Highlandtown</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank Naess</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Theresa Holstrom</i>		Mother's Birthplace <i>Balto</i>			
Name of person giving information <i>Frank Naess</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cereb. Spinal Meningitis</i>	How long <i>3 da</i>
Immediate <i>Exhaustion</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Geo. L. O'Malley</i>
<i>no</i>	Address <i>3 Anna Gough Balto Md</i>
Accident or Suicide? <i>no</i>	

Mr Bammel Esq.
J Hennig & Son

6/9/05

Name
in
Full

Ann Taylor Norman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Denis</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1900</i>	Month <i>June</i>	Day <i>10th</i>	Age <i>91</i>	Years <i>91</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>W. S. Norman</i>			
Father's Name <i>David Sprigg</i>		Father's Birthplace <i>Wd =</i>			
Mother's Maiden Name <i>Eliza Sprigg</i>		Mother's Birthplace <i>Wd =</i>			
Name of person giving information <i>F. S. Perry</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Dementia</i>	How long <i>28 yrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Louis H. Gundry M.D.</i>
	Address <i>St. Denis Ind.</i>
Accident or Suicide?	

W. Matfield

Name
in
Full

CERTIFICATE OF DEATH

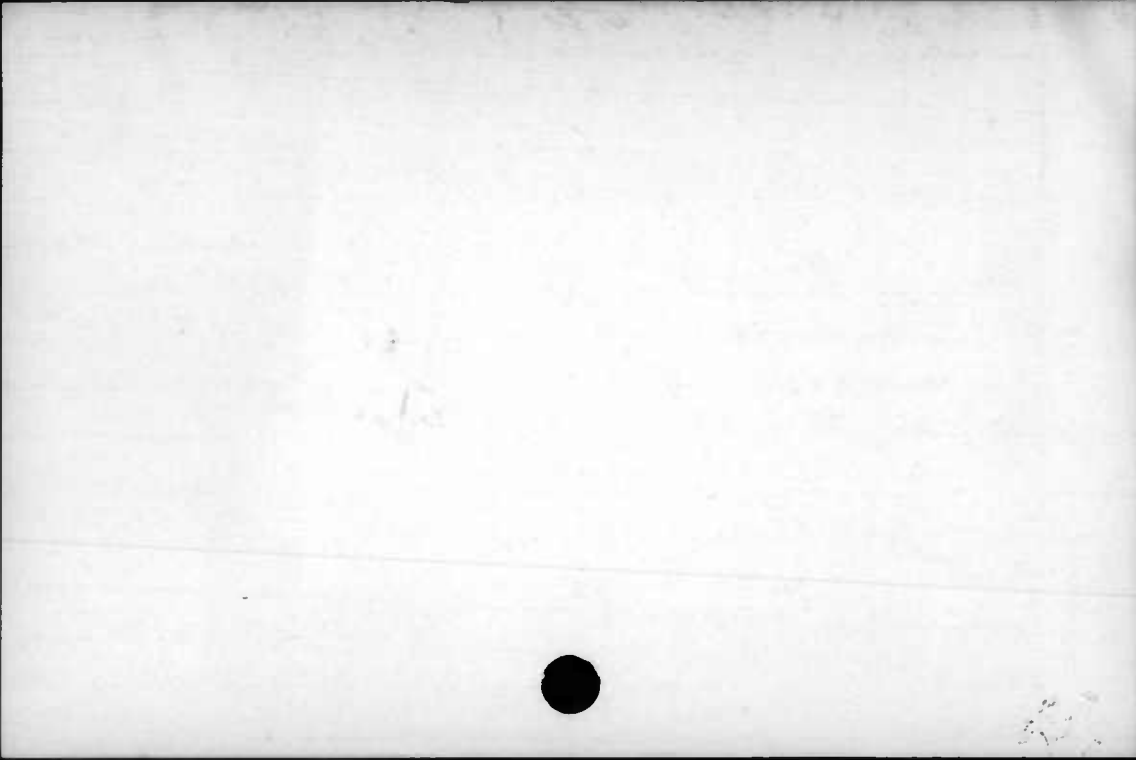
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Kaiser Morak				TOWN		County		BALTO.		MARYLAND	
Died at		St. Agnes' Hosp.				Month		Day		Years		Months	
Date of death		1905		June		28		Age		30		Days	
Sex		Male		Color or Race		White		Birth-place		Russia			
Occupation		Laborer				Where Residing if not at place of death							
Married, Single or Widowed		Married				Name of Wife or Husband							
Father's Name						Father's Birthplace							
Mother's Maiden Name						Mother's Birthplace							
Name of person giving information						How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pulmonary Tuberculosis		How long	
Immediate		Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. P. Moran M.D.	
		Address		St. Agnes Hospital	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph O' Neiff

Town

County

Died at St. Agnes' Hosp.

Balto.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1905

June

17

Age

26

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Operator

Where Residing if not
at place of death

1805 Friendsburg

Married, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
Name

Timothy O' Neiff

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Elizabeth Morgan

Mother's
Birthplace

Baltimore

Name of person giving
In formation

Mrs. Anna Beny

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Immediate

Exhaustion

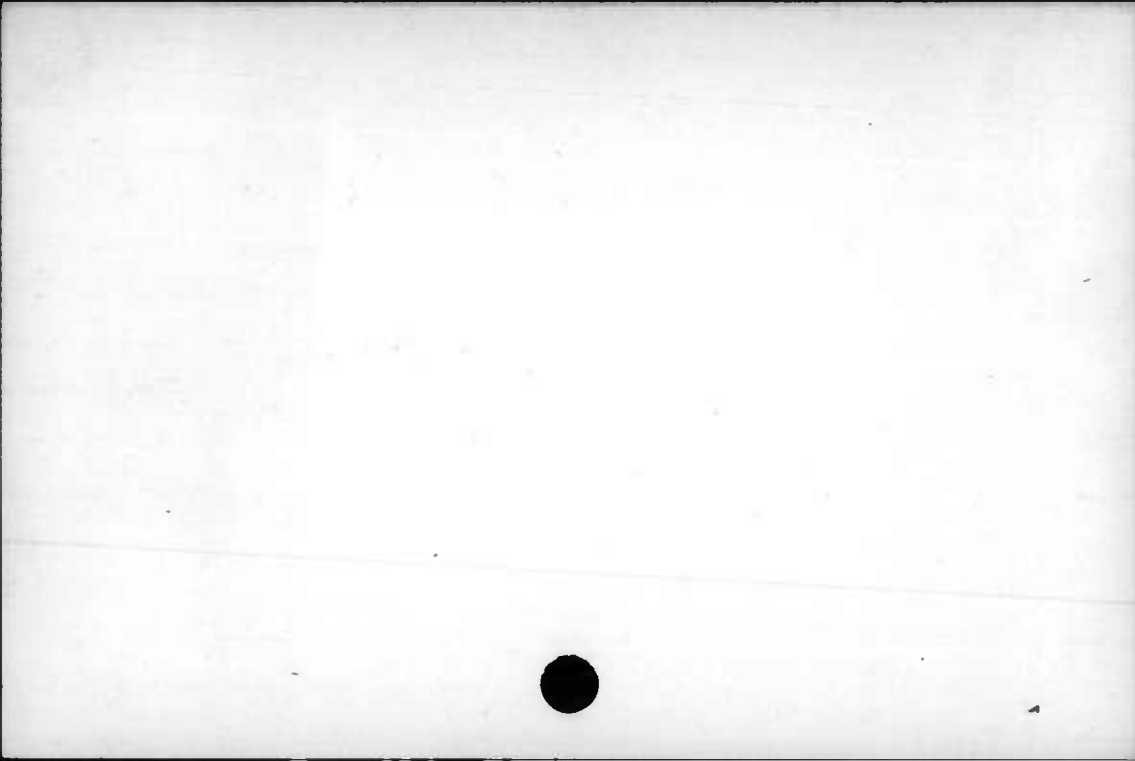
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. P. Masera
St. Agnes Hospital

Accident or Suicide?



Name
in
Full

Patrick O'Neill

CERTIFICATE OF DEATH

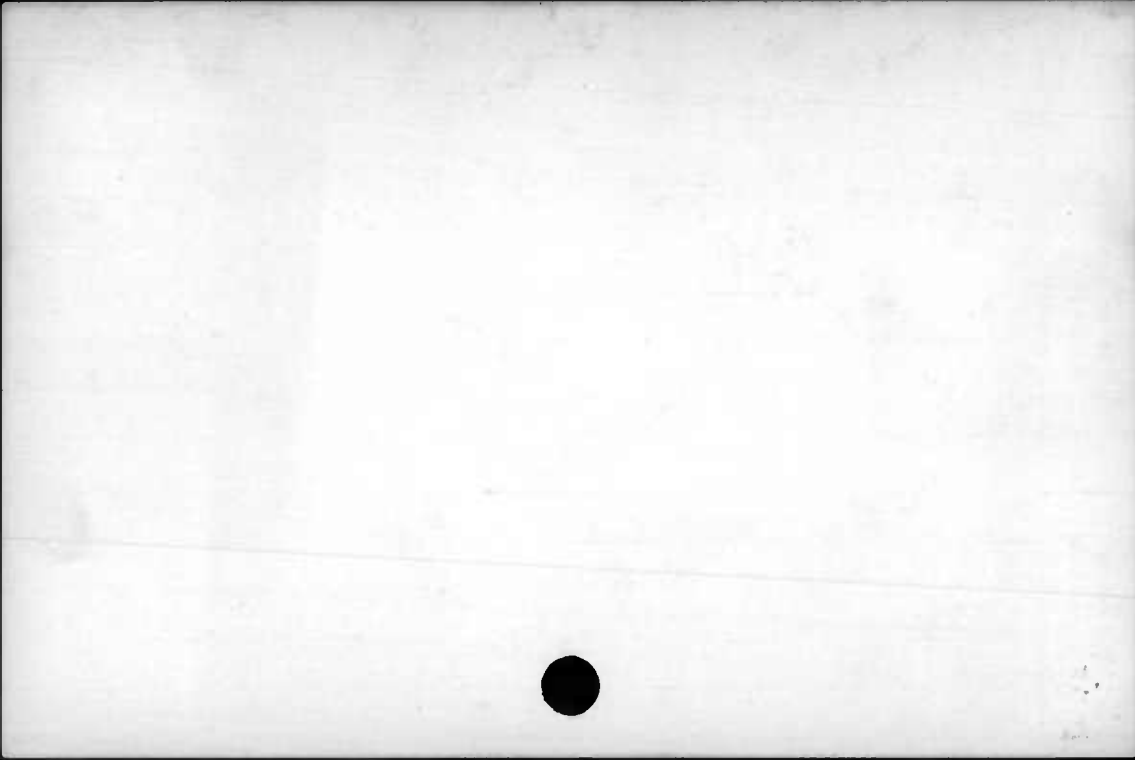
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Mary's Hospital</i> ^{Town}		<i>Baltimore Co.</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>June</i> ^{Month}	<i>18</i> ^{Day}	Age <i>70</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Shoemaker</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>E. B. Wiedelield</i>			How related to deceased <i>19</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary - <i>Died suddenly with heart disease, was advanced in years. Mitral Stenosis with</i>	How long
Immediate <i>great dilatation, - was a great smoker, - edema of legs etc.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. H. Pinner</i>
<i>Copied by [unclear] from [unclear]</i>	Address <i>21 W. 35th St.</i>
Accident or Suicide?	



Name
in
Full

Charlotte Rebecca Parron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Crowdentown</u> ^{Town}		<u>15th Dist</u> ^{County} <u>Batts</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>June</u>	Day <u>29</u>	Years <u>87</u>	Months <u>3</u>	Days <u>7</u>
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>	
Occupation		Where Residing if not at place of death <u>Crowdentown</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Leese Parron</u>			
Father's Name <u>Alexander Williams</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Charlotte R Williams</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Fanny Parron</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary	<u>154</u>	How long
Immediate	<u>Old age</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Robert C Clarke</u>	
	Address <u>St Denis</u>	
	<u>Mid</u>	
Accident or Suicide?		

666 Vincent

Amosette Hooper

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary L. Parsons*

Town *Hightstown* County *Balto.*

Died at *Hightstown*

Date of death *1905* Month *June* Day *23* Age *1* Years Months *10* Days *12*

Sex *Female* Color or Race *White* Birth-place *Baltimore*

Occupation Where Residing if not at place of death *523 East Ave.*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Clarence O. Parsons* Father's Birthplace *Balto.*

Mother's Maiden Name *Lillian Mitchell* Mother's Birthplace *Balto.*

Name of person giving information *Clarence O. Parsons* How related to deceased *Father.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

(1)

Primary *Cerebro-Spinal Meningitis* How long *14 days*

Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *M. J. McCaughey*

Address *839 S. Canton St.*

Accident or Suicide?

Ala. M^cAvoy.

McCannell

Name
in
Full

Harry T. Pearce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Monkton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190	<u>5</u> ^{Month}	<u>June</u> ^{Day}	<u>17</u>	Age <u>39</u> ^{Years}	<u>5</u> ^{Months}
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Manor, Balt. Co., Ind.</u>	
Married, Single or Widowed <u>married</u>		Occupation <u>farmer</u>			
Name of Wife <u>Estelle Pearce</u>					
Father's Name <u>Jacob M. Pearce</u>			Father's Birthplace <u>Manor, Balt. Co., Md.</u>		
Mother's Maiden Name <u>Laura Holmes</u>			Mother's Birthplace <u>Manor, Balt. Co., Md.</u>		
Name of person giving information <u>John Cockey</u>			How related to deceased <u>nephew</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Fracture of base of skull</u>	How long <u>2 1/2 hours</u>
Immediate <u>by contra coup; due to fall from horse.</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. H. Emory Jr. D.</u>
	Address <u>Monkton, Md.</u>
Accident or Suicide? <u>accident</u>	<u>R. F. D. #3</u>



Name
in
Full

Frederick Pflanz

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death 1905

Month

June

Day

1

Age

Years

51

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Farm hand

Where Residing if not
at place of death

Lourys Lane

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Mrs A Pflanz

Father's
Name

Not known

Father's
Birthplace

Germany

Mother's
Maiden Name

Not known

Mother's
Birthplace

Germany

Name of person giving
In formation

Henry Pflanz

How related
to deceased

Employer

CAUSES OF DEATH

Primary

Carcinoma of Stomach.

How long

Not known.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Rufus S. Cole,
Johns Hopkins Hospital,
Baltimore, Md.

Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Stuart Gundry Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Abol Terrace*

Town

Baltimore

County

Date
of death *190*

Month

June

Day

20

Age

Years

Months

9

Days

3

Sex

*Male*Color or
Race*White*Birth-
place*Baltimore Co*

Occupation

*Infant*Where Residing if not
at place of death*—*Married, Single
or Widowed*—*Name of Wife or
Husband*—*Father's
Name*Wm C Phillips*Father's
Birthplace*Baltimore*Mother's
Maiden Name*Alice Gundry*Mother's
Birthplace*Ohio*Name of person giving
In formation*Agnes T. Gundry*How related
to deceased*Male*

CAUSES OF DEATH

Primary

Gastro Enteritis

How long

105
Eight hours

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Agnes T. Gundry M.D.*

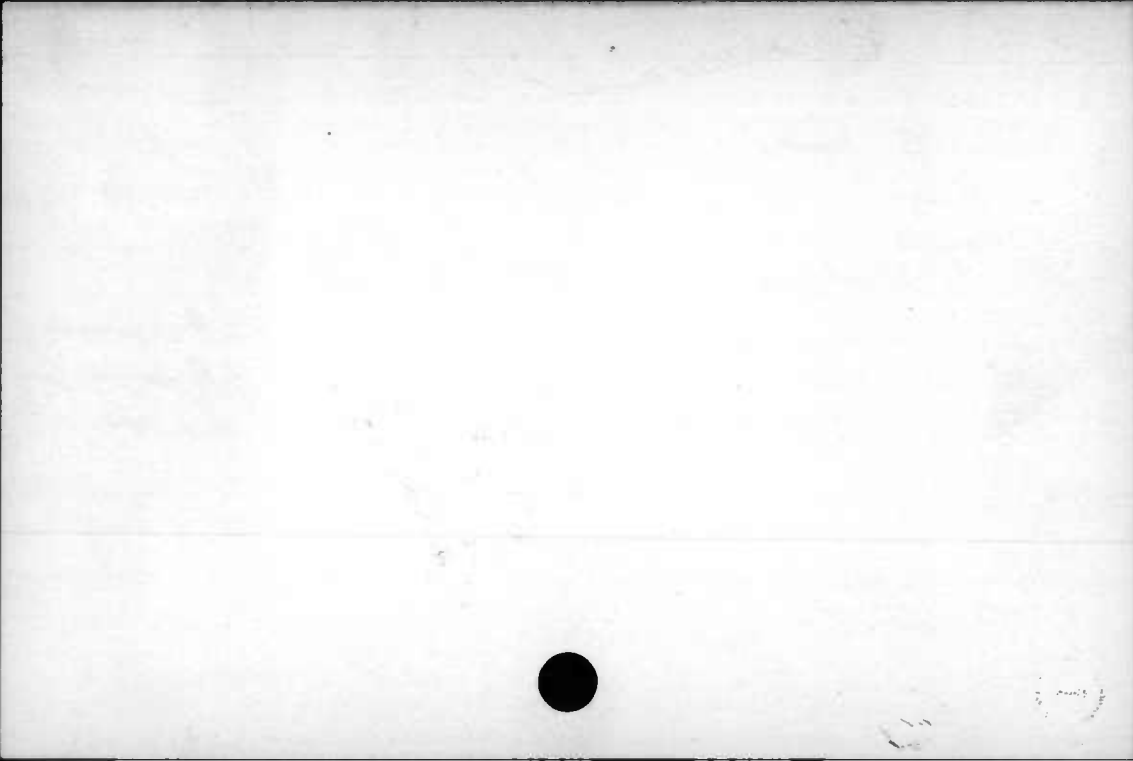
Address

Abol Catonsville

Accident or Suicide?

*No*PHYSICIAN
OR CORONER

1



Name
in
Full

Sarah Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int Guilbaw</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>June</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>14</i> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>school girl</i>	Where Residing if not at place of death <i>Int Guilbaw</i>				
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>				
Father's Name <i>George Preston</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Agnes Green</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>George Preston</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>6 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Milton Easton Undertaker</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	

This girl went to melvale colored
school Baltimore Co md and is
Dr of the school attended to her
in, Easton

Name
in
Full

Infant Child of Charles & Sadie Priester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Calonsville

Town

Bolton

County

Date of death 1905 June

Month

Day

19

Age

Years

Months

Days

Sex Female

Color or
Race

W

Birth-
place

Calonsville

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles H Priester

Father's
Birthplace

Md

Mother's

Maiden Name

Sadie Coursey.

Mother's
Birthplace

"

Name of person giving
Information

Chas H Priester

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

S.

How long

Immediate

How long

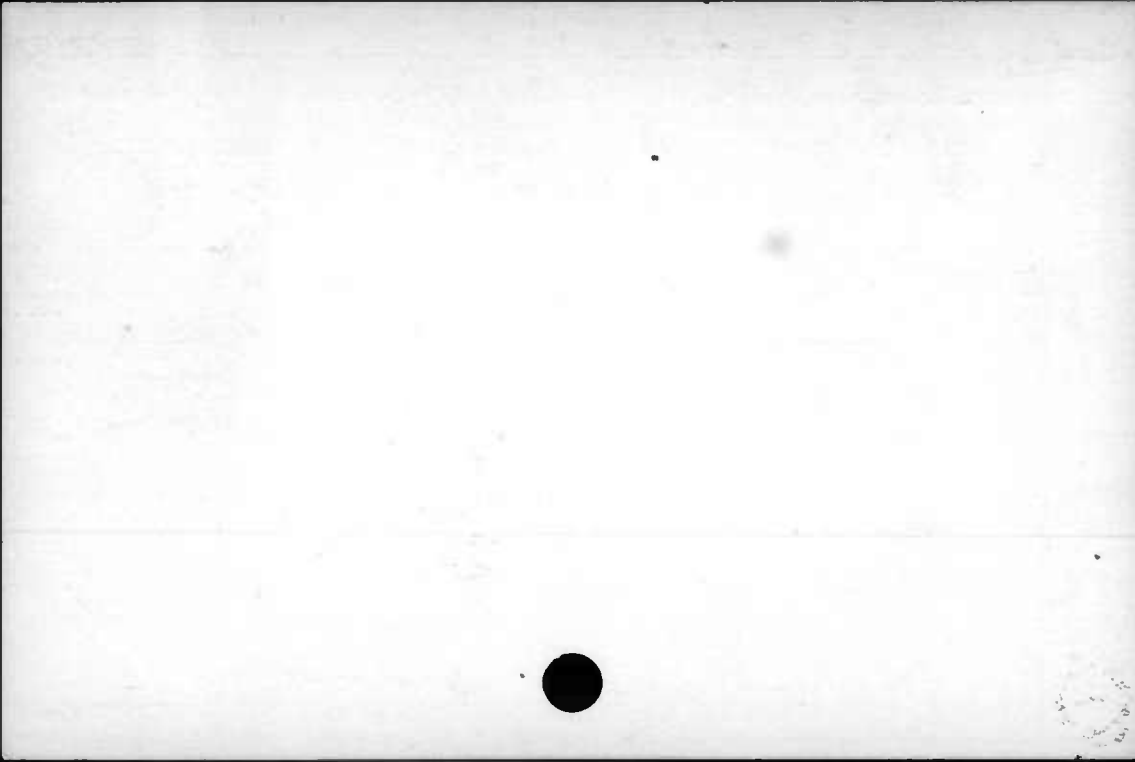
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Charles Mattfeldt
Calonsville Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Johanna Reising

CERTIFICATE OF DEATH

Town

Baynesville

County

Baltimore

MARYLAND

Died at

Date

of death 1905

Month

6

Day

14

Years

Age 87

Months

4

Days

5

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

Baynesville

☒ Married ☐ Single
☐ WidowedName of Wife or
Husband

Andrew Reising

Father's
Name

Unknown

Father's
Birthplace

Germany

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Germany

Name of person giving
In formation

John Huebner

How related
to deceased

Widow

CAUSES OF DEATH

Primary

Infirmitis of age

How long

6 years

Immediate

Dementia

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. C. Marsebury M.D.

Address

Taworn

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

St Joseph's Belair Road

Fred Lasham Son

Belair Road

Name
in
Full

CERTIFICATE OF DEATH

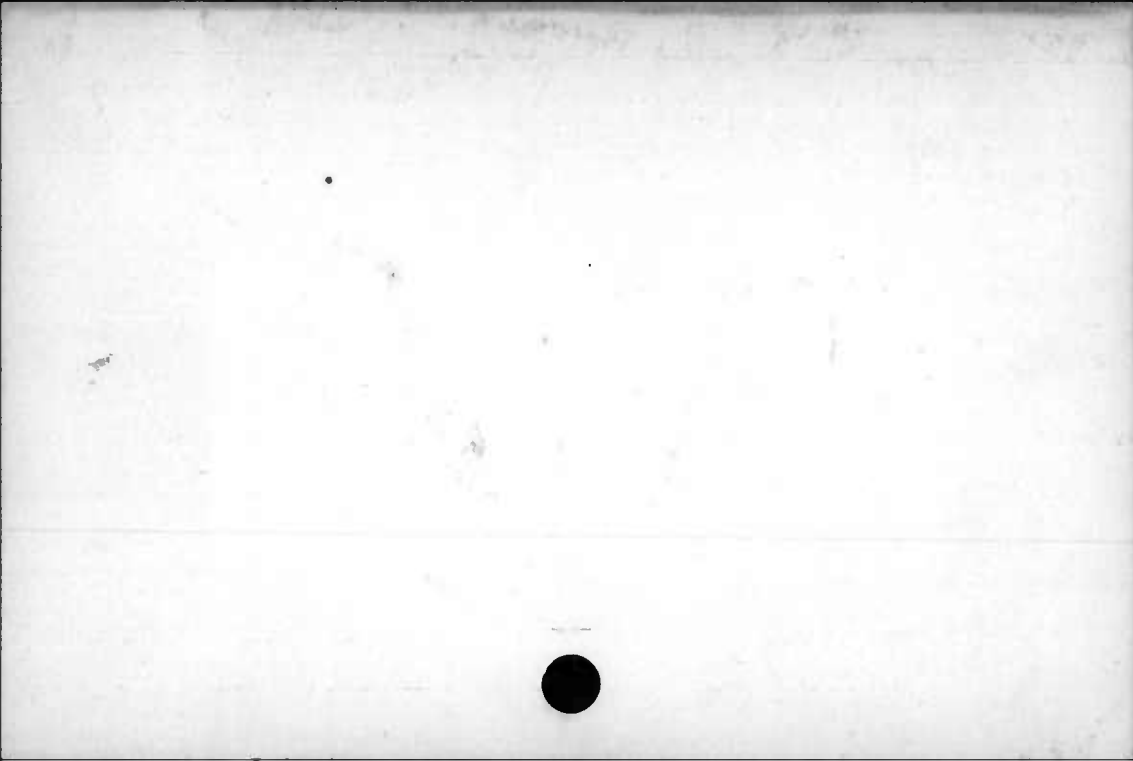
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Robey, Mary.</i>		Town <i>Gatonsville</i>		County <i>Balto.</i>		MARYLAND	
Date of death 1905	Month <i>June</i>	Day <i>10</i>	Age <i>33</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Ind</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>					
Name of Wife or Husband <i>X</i>							
Father's Name <i>John N. Robey</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>X</i>				Mother's Birthplace <i>X</i>			
Name of person giving information <i>X</i>				How related to deceased <i>X</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Idiocy</i>	How long <i>Life</i>
Immediate <i>Tubercular Peritonitis</i>	How long <i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Percy Wade</i>
	Address <i>Gatonsville, Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Agnes Robinson

Died at ^{Town} *Towson*^{County} *Baltimore*

MARYLAND

Date of death ^{Month} *June* ^{Day} *30* ^{Age} *15* ^{Years} *8* ^{Months} *8* ^{Days}Sex *female* Color or Race *Cal* Birth-place *Md.*Occupation *Housework* Where Residing if not at place of death *Towson*Married ~~Single~~ ^{Name of Wife or} ~~Widow~~ ^{Husband}Father's Name *James Robinson*Father's Birthplace *Md.*Mother's Maiden Name *Addie Mack*Mother's Birthplace *Md.*Name of person giving information *George Robinson*How related to deceased *Brother*

CAUSES OF DEATH

Primary *Puerperal Eclampsia*How long *3 days*Immediate *Cardiac Asthma*How long *2 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. Bayless Guss M.D.*Address *Towson Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER

1

Robt A. Elliott

Sandy Bottom Tavern

Name
in
Full

Thos. J. Roche

CERTIFICATE OF DEATH

Died at ^{Town} Goraustown^{County} Baltimore

MARYLAND

Date of death 1905 June 24

Age 58

Months

Days

Sex Male

Color or
Race

white

Birth-
place

Ireland

Occupation

Laborer

Where Residing if not
at place of death

Goraustown

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm Roche

Father's
Birthplace

Ireland

Mother's
Maiden NameAnne M^c AndrewsMother's
Birthplace

Ireland

Name of person giving
In formation

Kate Roche

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Bright's Disease

How long

several months

Immediate

Heart weakness

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C. M. Duncan
Goraustown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Martin Fahey & Sons

St Mary's Hospital

Name
in
Full

Theodore Ent Daltin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pikeville		County Baltimore		MARYLAND	
Date of death		1905	Month June	Day 18-	Age 78	Years 9	Months 24
Sex		Male		Color or Race		White	
Birth- place		Baltimore					
Occupation Painter				Where Residing if not at place of death			
Married Single or Widowed				Name of Wife or Husband			
				Harriet Ann Yearley			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			
Galbert Daltin				Son			

CAUSES OF DEATH

Primary	Mitral Stenosis	How long	—
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		N. H. D. Cox	
Address		Huntington	
Accident or Suicide?		per. H. H. Taylor, M.D.	

PHYSICIAN
OR CORONER



Name
in
Full

Mary E. Scanlan

CERTIFICATE OF DEATH

Died at ^{Town} ~~Fort~~ Howard^{County} Baltimore Co.

MARYLAND

Date of death 1905 June

Day 4th

Age 44

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Washington D.C.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of ~~Wife~~ or
Husband

George Scanlan

Father's
Name

Henry Koch

Father's
Birthplace

D.C.

Mother's
Maiden Name

Joanna Schaeffer

Mother's
Birthplace

Pa

Name of person giving
In formation

Jacob Heahn

How related
to deceased

Son

CAUSES OF DEATH

Primary

Septicemia due to long continued
Suppuration

How long

Four years

Immediate

Exhaustion

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Compton Wilson

Address

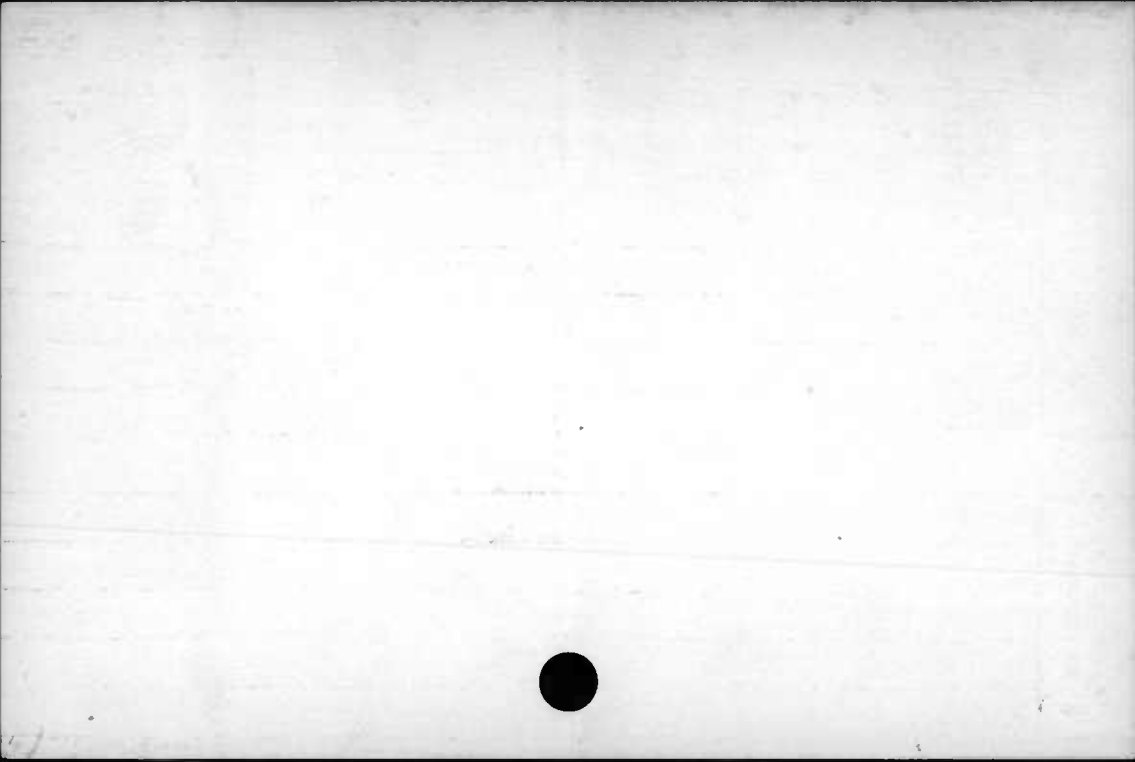
Fort Howard Maryland

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

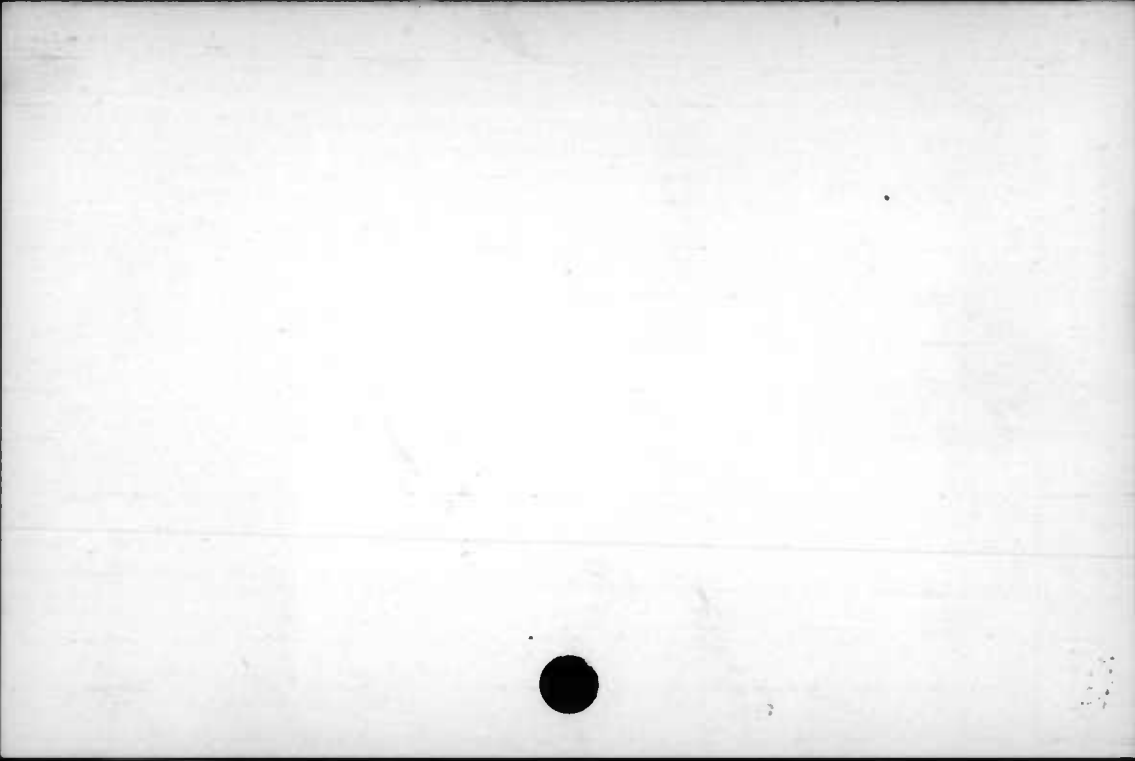
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Laura Scarborough Cal</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>	
Died at <i>Highlandtown</i>		Month <i>June</i>		Day <i>26</i>	
Date of death <i>1905</i>		Age <i>47</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Va</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>610 Baker st</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Lewis Burton Cal</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Samuel T. Hemmley</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Crushed into death</i>	How long	<i>100</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Coroner John E. Smully</i>	
		Address <i>216 O'Donnell st</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Frederick Schweiger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Canton

County

Baltimore

Date

Month

Day

Years

Months

Days

of death 1905 June

9

Age

1

4

13

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of death

5141 N. Clinton St.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Edward Schweiger

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Emma Apple

Mother's
Birthplace

" "

Name of person giving
In formation

Edward Schweiger

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

5 weeks

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. W. Schuesler MD

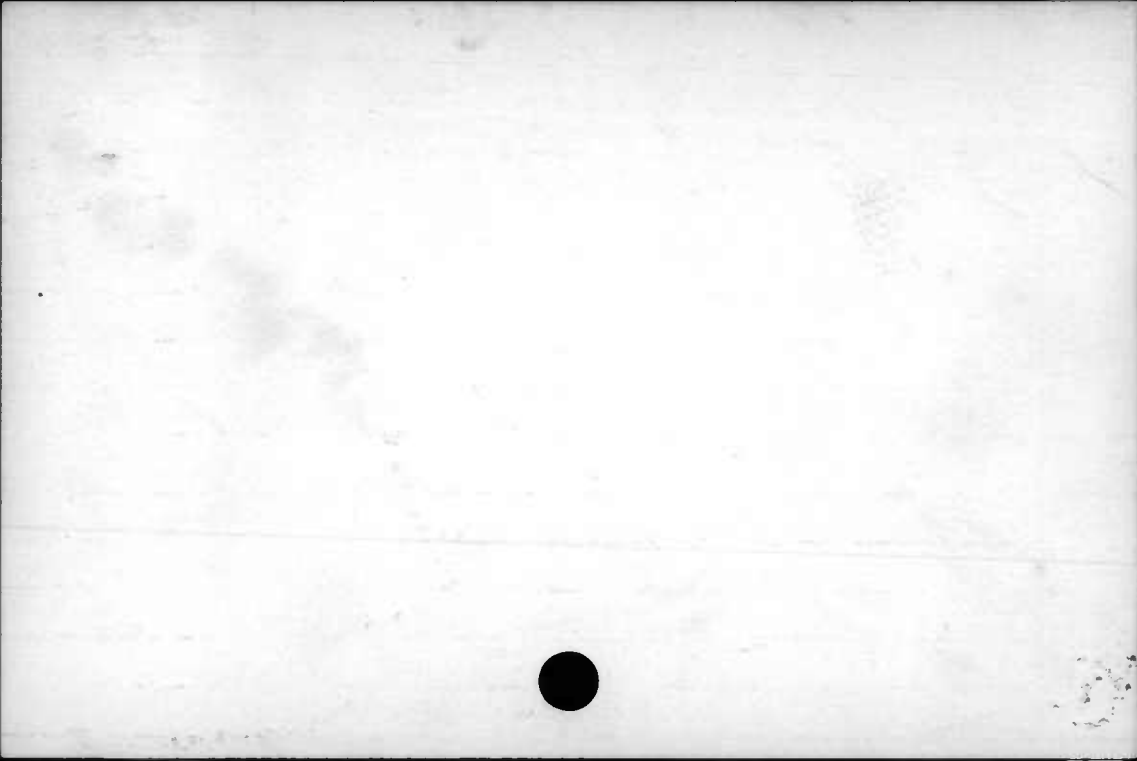
Address

1013 Canton St.

Accident or Suicide?

PHYSICIAN
CORONER

10



Name
in
Full

Louise Schoeppler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1905	Month June	Day 9	Age 45	Years	Months	Days
Sex	Female		Color or Race	White		Birthplace	Germany
Occupation	None			Where Residing if not at place of death 907 East Ave			
Married, Single or Widowed	Married		Name of Wife or Husband John G. Schoeppler				
Father's Name	Mr Link				Father's Birthplace Germany		
Mother's Maiden Name	Mrs ..				Mother's Birthplace ..		
Name of person giving information	John G. Schoeppler				How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism -	How long	One week
Immediate	Endocarditis -	How long	One week -
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. M. Jones	
Address		1713 Bank St -	
Accident or Suicide?			

1st German Cem

June 12th 1905

St Nicolaus & son

1820 Canton Ave

Name
in
Full

CERTIFICATE OF DEATH

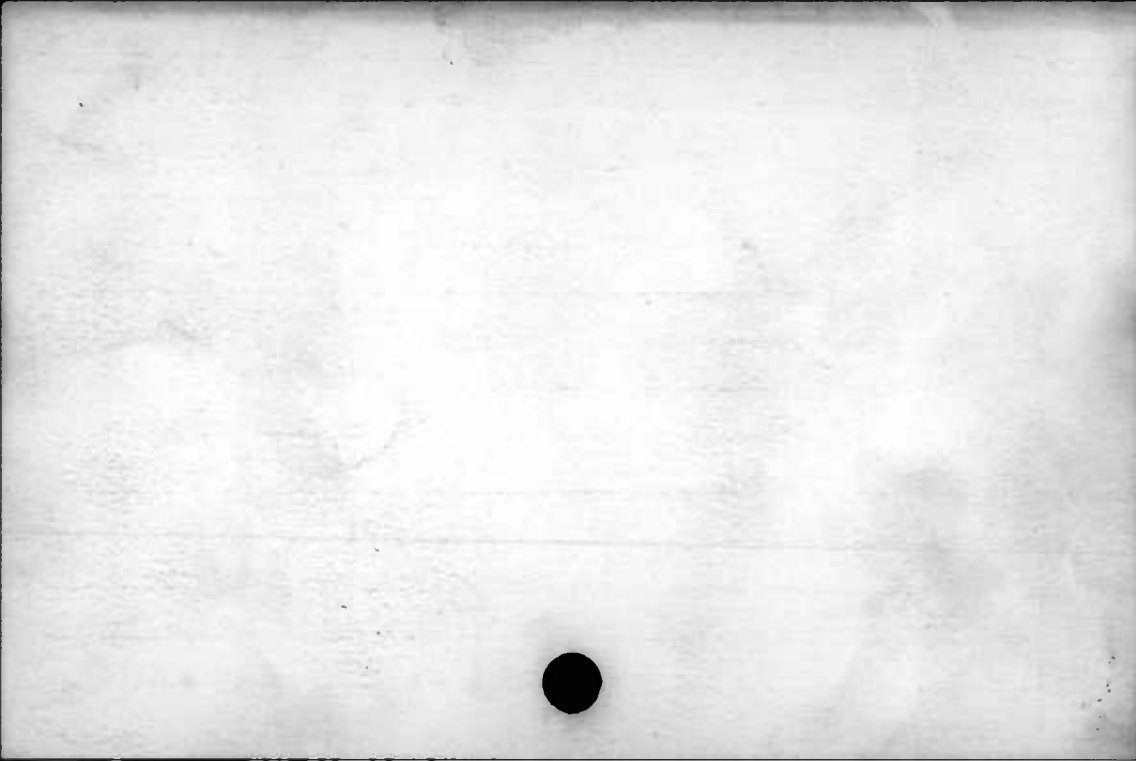
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Agnes Schisler</i>		Town <i>Fullerton</i>		County <i>Baers</i>		MARYLAND			
Died at		Date of death		Age		Months		Days	
		<i>1905 June 5</i>		<i>1</i>		<i>4 mo</i>		<i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Nd</i>					
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>John Schisler</i>				Father's Birthplace <i>Nd</i>					
Mother's Maiden Name <i>Mary E Esch</i>				Mother's Birthplace <i>Nd</i>					
Name of person giving information <i>Mrs John Schisler</i>				How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>1 week</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. V. Maer</i>	
		Address <i>Rossville</i>	
		<i>Nd</i>	
Accident or Suicide? <i>—</i>			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Henrietta Snyder*
Town *Mt. Winans*County *Baltimore*Date of death 190 *June* Month *14* Day Age *2* Years Months *8* Days *6*Sex *Female* Color or Race *White* Birth-place *Ind.*Occupation *—* Where Residing if not at place of death~~Married~~ Single
or ~~Widowed~~Name of Wife or
HusbandFather's
Name*Thomas Snyder*Father's
Birthplace*Ind.*Mother's
Maiden Name*Henrietta C Snyder*Mother's
Birthplace*Ind.*Name of person giving
In formation*Henrietta Snyder*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Fracture of Skull with Cerebral laceration

How long

about 15 hours

Immediate

Cerebral Haemorrhage

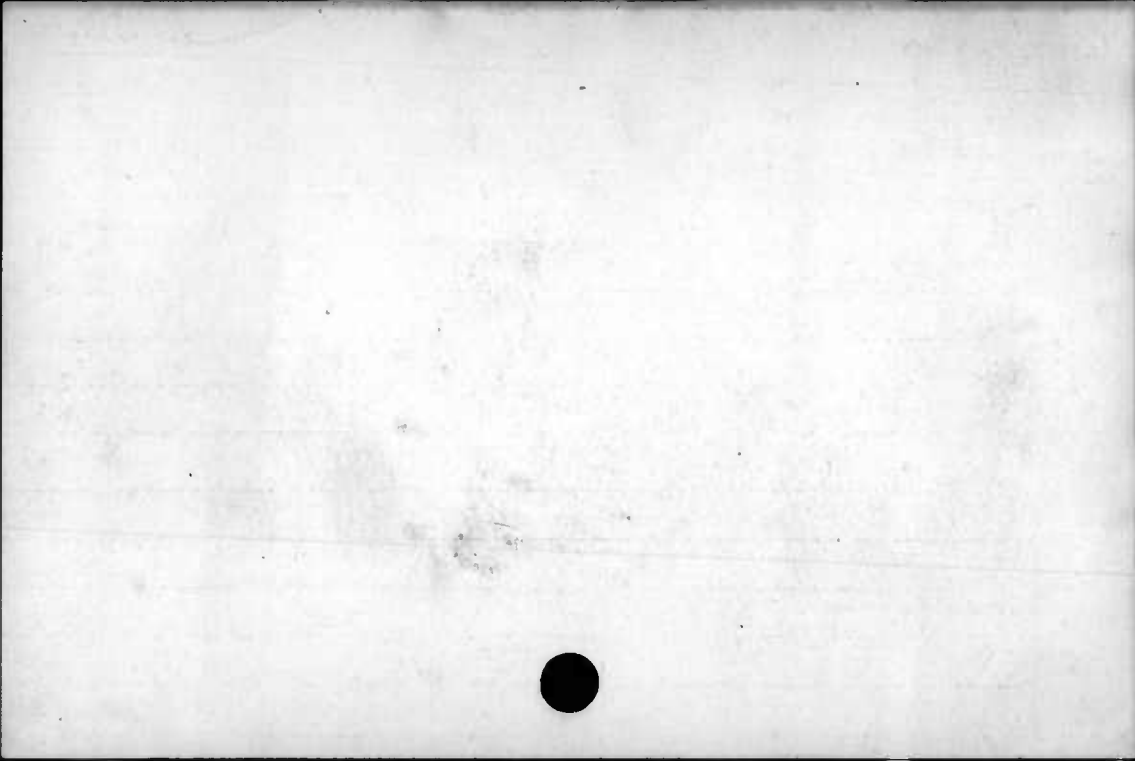
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Wm. Balthasar Burch M.D.*

Address

8287 Carrollton Ave

Accident or Suicide?



Name
in
Full

Edmund Stabler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Arbutus Heights* ^{Town}*Balto* ^{County}Date
of death *1905*Month
*June*Day
3

Age

Years
*59*Months
*3*Days
12

Sex

*Male*Color or
Race*White*Birth-
place*Ind.*

Occupation

*Horticulturist*Where Residing if not
at place of death*Place of Death.*Married, Single
or Widowed*Married*Name of Wife or
~~Husband~~*Rebecca Stabler*Father's
Name*Christian**Stabler*Father's
Birthplace*Penn*Mother's
Maiden Name*Sarah**Gorsuch*Mother's
Birthplace*Ind.*Name of person giving
Information*John**Stabler*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis

How long

Indefinite

Immediate

Acute dilatation of Heart

How long

*About 15 minutes*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*G. Carroll Lockard M.D.*

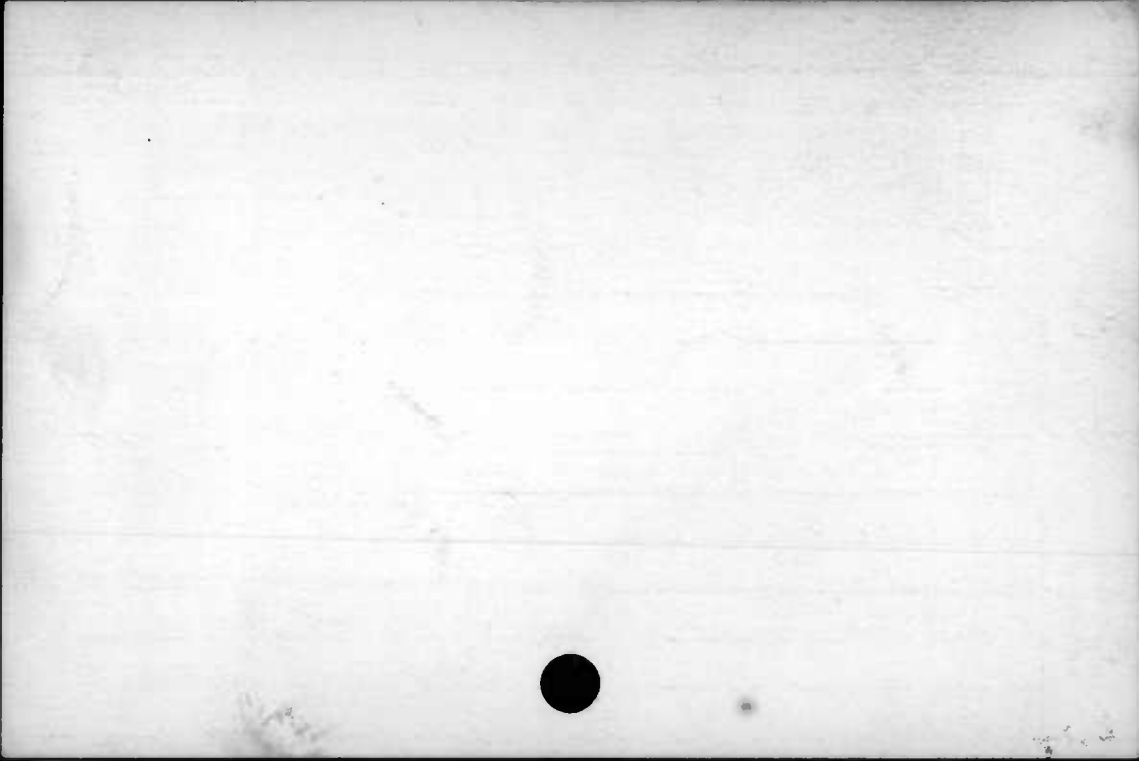
Address

1700 W. Lafayette Ave

Accident or Suicide?

*No.*PHYSICIAN
OR CORONER

1



Name
in
Full

Marcus Ericero. Stearns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Calumet^{County} Balto

Date of death 1905 June

Day 14

Age Years 46

Months 10

Days 4

Sex Male

Color or Race White

Birth-place Chicago Ill

Occupation Retired

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Helma Petersen Stearns

Father's Name Marcus Stearns

Father's Birthplace New York

Mother's Maiden Name Margaret Clark

Mother's Birthplace Georgia

Name of person giving
information Mrs H. P. StearnsHow related
to deceased Wife

CAUSES OF DEATH

Primary

Pulmonary Oedema

How long 4 days

Immediate

Cardiac Syncope

How long few minutes

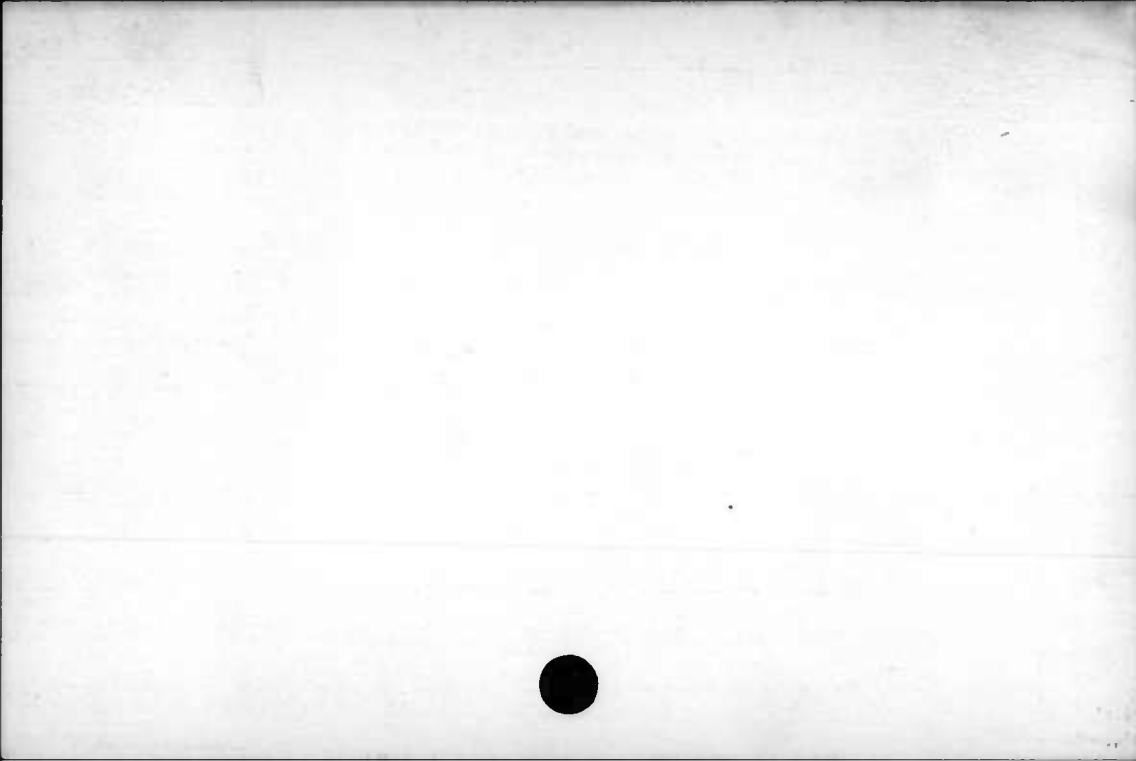
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

R. B. Maitfield

Address

Calumet Md

Accident or Suicide?



Name
in
Full

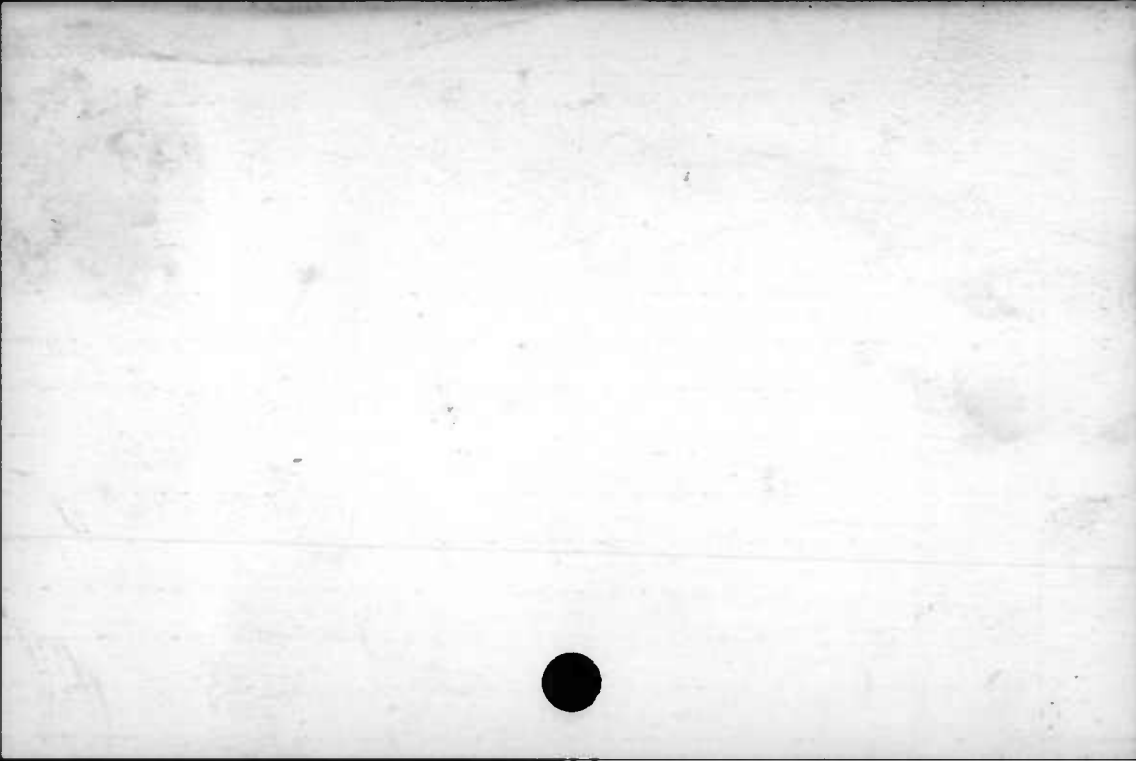
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

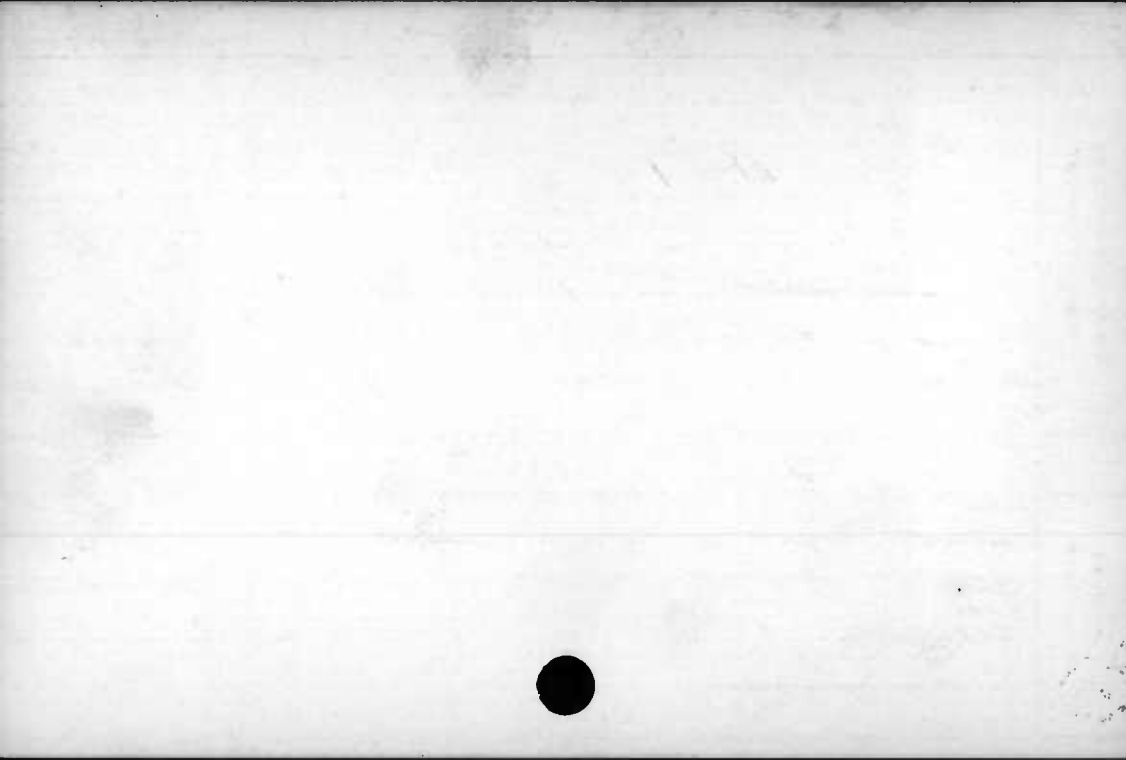
Name in Full Mary M Stevens		Town Roseville		County Balt.		State MARYLAND	
Died at Roseville		Month June		Day 22		Years 77	
Date of death 1905		Sex Female		Color or Race White		Birth-place Germany	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Widow		Name of Wife or Husband —					
Father's Name —				Father's Birthplace —			
Mother's Maiden Name —				Mother's Birthplace —			
Name of person giving information —				How related to deceased —			

CAUSES OF DEATH

Primary	How long
Immediate Cerebral apoplexy	How long 6 years
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician E. J. Vance
	Address Roseville Md
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Yorkdale Springs, Balto. Co.</i>						MARYLAND					
		Date of death <i>1905</i>		Month <i>June</i>		Day <i>19</i>		Age <i>77</i>		Years <i>8</i>		Months <i>1</i>	
		Sex <i>Female</i>				Color or Race <i>White</i>				Birth- place <i>Balto. Co.</i>			
		Occupation —						Where Residing if not at place of death					
		Married, Single or Widowed <i>Widow</i>						Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name <i>Shadrach Street</i>						Father's Birthplace <i>Balto. Co.</i>					
		Mother's Maiden Name <i>Rachel Enson</i>						Mother's Birthplace <i>Balto. Co.</i>					
		Name of person giving Information <i>Sarah J. Ramsey</i>						How related to deceased —					
		CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Gen. Intero. Scramble & Lamentia</i>						How long <i>three months</i>					
		Immediate <i>Heart Exhaustion & Intense heat</i>						How long <i>twenty-four hours</i>					
		Are the name, age, sex, color, date and place correctly given above?						Signature of Physician <i>Wilmer Brinston, M.D.</i>					
		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> <i>copied by J. H. J.</i>						Address <i>Calvert & Preston Sts.</i>					
PHYSICIAN OR CORONER		Accident or Suicide?											



Name
in
Full

Mary Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wesley</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Month} <i>June</i> ^{Day} <i>18</i>	Age	<i>70</i> ^{Years}	Months	<i>—</i> ^{Days} <i>—</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Carroll Co.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Lewis Taylor</i>		
Father's Name	<i>— Lefpo</i>		Father's Birthplace	<i>Carroll Co</i>	
Mother's Maiden Name	<i>—</i>		Mother's Birthplace	<i>—</i>	
Name of person giving information	<i>Edw. G. Carlisle</i>		How related to deceased	<i>Son in Law</i>	

CAUSES OF DEATH

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>3 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>weeks</i>

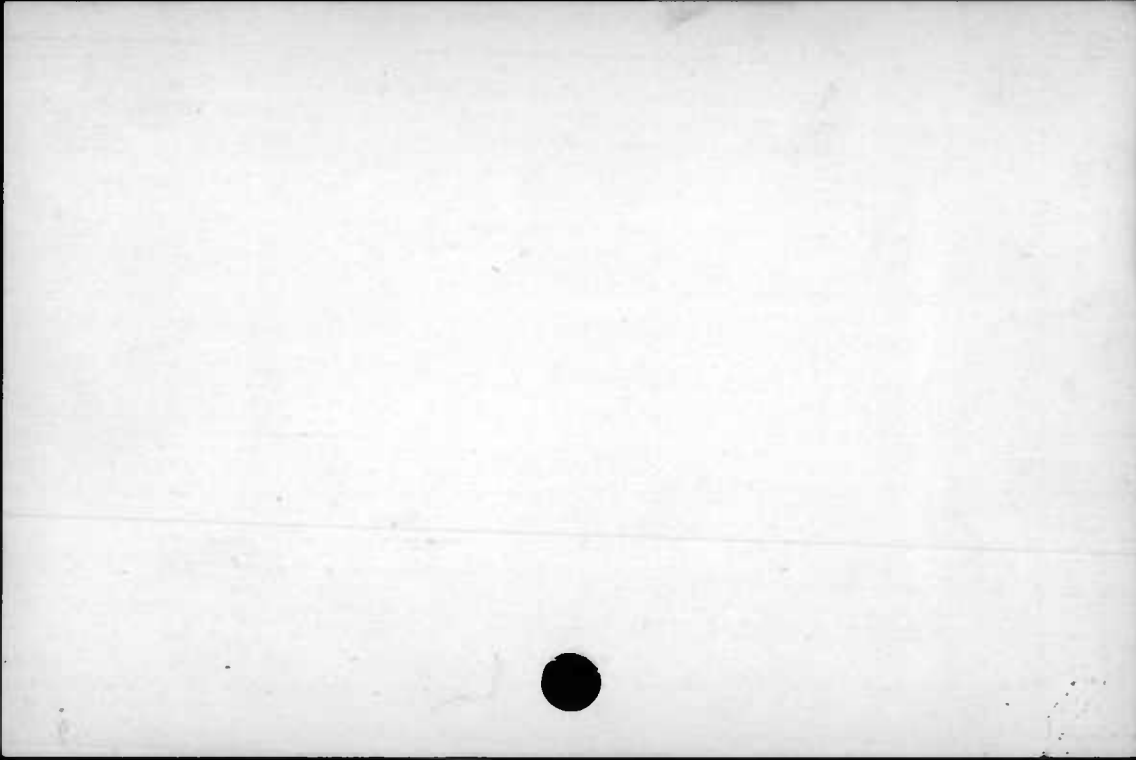
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. M. Seader
Reisterstown

Accident or Suicide?



Name
in
Full

Henry J. Thuman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

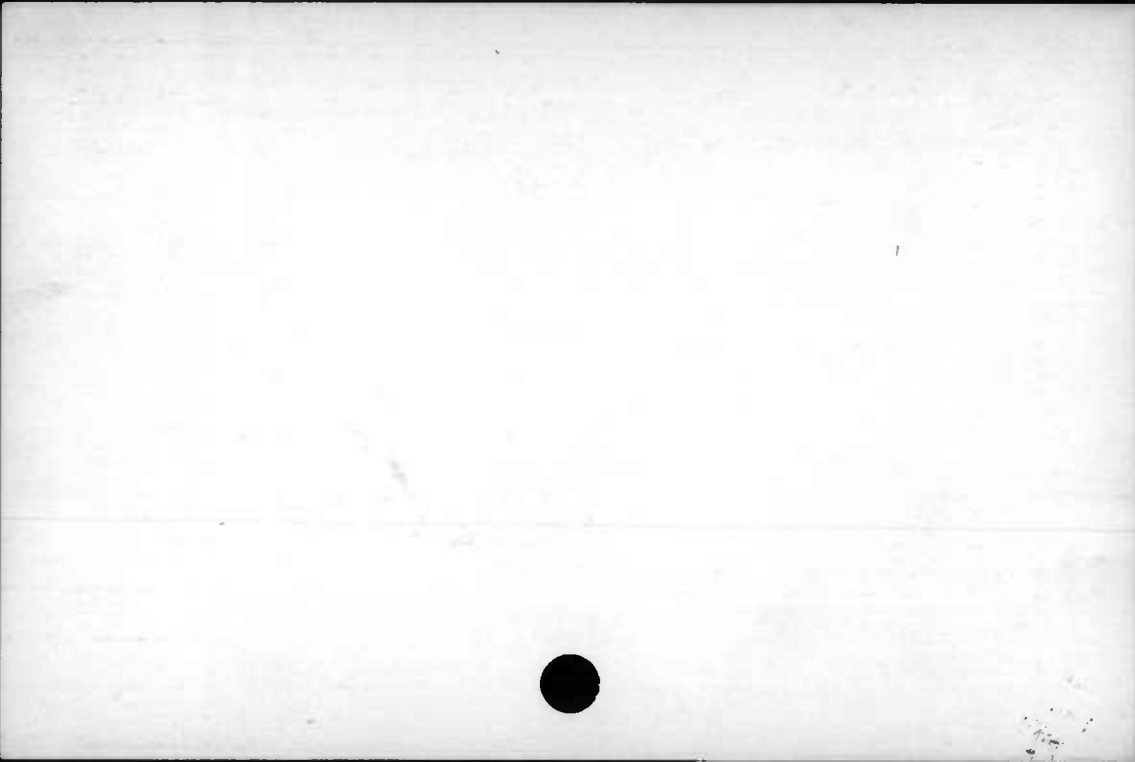
Died at <i>Baltimore</i>		County <i>Balto</i>		MARYLAND	
Date of death	1905	Month	June	Day	20
Age		47		Months	Days
Sex	Male	Color or Race	white	Birth-place	Baltimore
Occupation	Contractor		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Sadie Morrison Thuman		
Father's Name	Joseph Thuman			Father's Birthplace	Germany
Mother's Maiden Name	Marie.			Mother's Birthplace	"
Name of person giving information	Fred. A. Krause			How related to deceased	None

CAUSES OF DEATH

Primary *From Cause unknown* ☒ How longImmediate *to the jury.* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of *William B. Nagle*
Address *Baltimore Md*Accident or Suicide? *?*



Name
in
Full

Hermann Vollmert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Necker</u> ^{Town}		<u>Bullo</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Month} <u>June</u> ^{Day} <u>28</u>	Age	<u>—</u> ^{Years}	<u>10</u> ^{Months}	<u>—</u> ^{Days}
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Above</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>Berthold Vollmert</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Amelia Dord</u>			Mother's Birthplace	<u>" "</u>
Name of person giving information	<u>Father</u>			How related to deceased	<u>—</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Convulsions due to teething</u>	How long	<u>about 3 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Luigard Whitford</u>
<u>yes</u>		Address	<u>Fullerton, Md</u>
Accident or Suicide? <u>no</u>			

St Michael

Name
in
Full

Charles Winder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Back River		Baltimore		MARYLAND	
Date of death		1905		June 19		Age 24	
Sex		Male		Color or Race		White	
Occupation		Laborer		Where Residing if not at place of death		Baltimore	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name				Father's Birthplace		Pa	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		Mrs Mary Widemeyer		How related to deceased		mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental Drowning	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ed J. Harman
		Address	Coroner
Accident or Suicide?	Accident		Roseville Md.

St Alphonse Cm.
Wm. Cook.

Name
in
Full

Frank Walsh Bro Aloysius

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore Co		County Baltimore		MARYLAND	
Date of death	1905	Month June	Day 9	Years 19	Months 7	Days	
Sex	Masculine		Color or Race	White		Birth- place	Halifax N.S.
Occupation	Student			Where Residing if not at place of death		Mt. St. Joseph's College	
Married, Single or Widowed	Single		Name or Wife or Husband		—		
Father's Name	James					Father's Birthplace	Halifax N.S.
Mother's Maiden Name	Mary Bransfield					Mother's Birthplace	New Brunswick
Name of person giving In formation	Br. Isidore					How related to deceased	His teacher

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	1 year
Immediate	asthenia	How long	Three (3) mo
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John G. Kelly, M.D.
		Address	714 Pratt Ave
Accident or Suicide?			



Name
in
Full

Miss Mary A. Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Catoonsville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190		Month <i>5</i>	Day <i>5</i>	Years <i>73</i>	Months		Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>-</i>							
Father's Name <i>Geo. A. Davis</i>				Father's Birthplace <i>-</i>			
Mother's Maiden Name <i>Elizabeth Moore</i>				Mother's Birthplace <i>-</i>			
Name of person giving In formation <i>Agnes S. Gundry M.D.</i>				How related to deceased <i>Physician</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral hemorrhage</i>		How long <i>Four days</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Agnes S. Gundry M.D.</i>
		Address <i>"Bethel," Catoonsville, Md.</i>
Accident or Suicide? <i>No</i>		

G. F. Walker Undertaker
723. W Lafayette Ave.

Name in Full *Goodwin Wilson*

CERTIFICATE OF DEATH

MARYLAND

Died at *Glen Arm* Town

Baltimore County

Date of death *1905 June* Month

Day *15*

Age *78* Years

Months

Days

Sex *Male*

Color or Race *White*

Birth-place *Maryland*

Occupation *Farmer*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Benjamin Wilson*

Father's Birthplace *Maryland*

Mother's Maiden Name *Sallie A. Goodwin*

Mother's Birthplace *"*

Name of person giving information *Laura Beatty*

How related to deceased *Cousin*

CAUSES OF DEATH

Primary

Acute indigestion How long *about 2 days*

Immediate

Acute gastritis How long *About 4 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

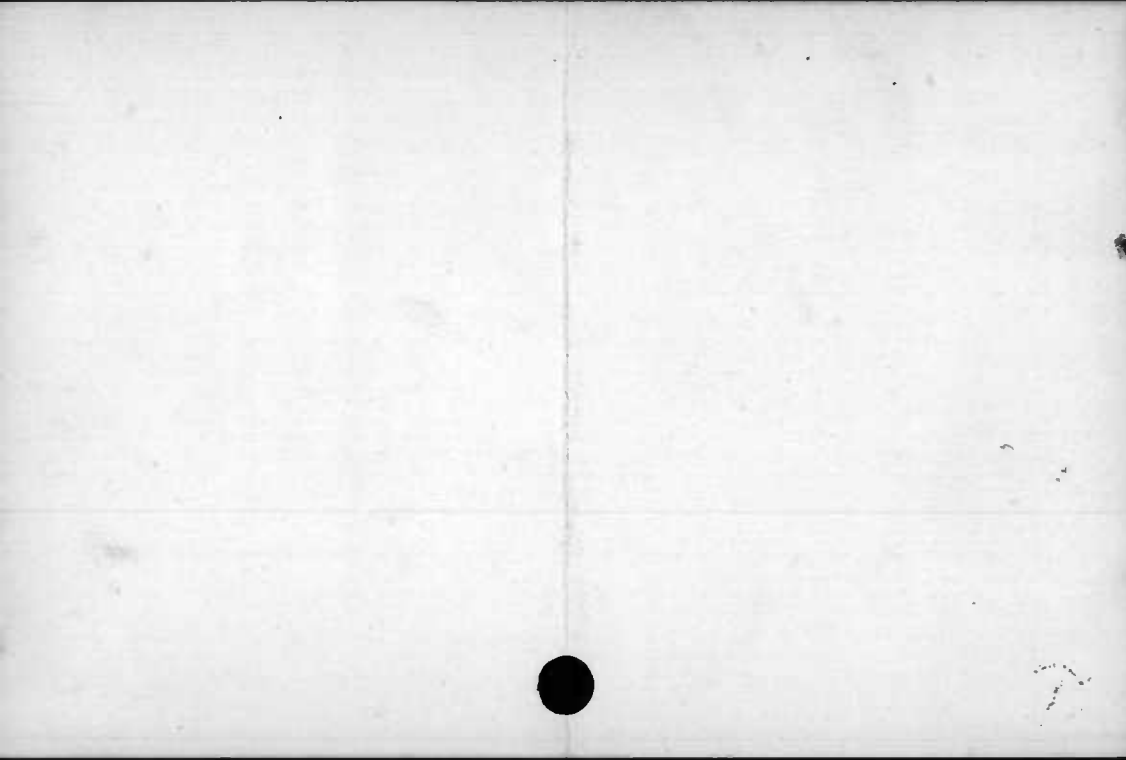
*W. J. Harrison.
Rock Raven.*

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905 June 18		11	21	6	5		
Sex		Color or Race		Birth-place			
male		Caucasian		Baltimore			
Occupation		Where Residing if not at place of death					
Teacher		Philadelphia road					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
John Wilson		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Annie - Wilson		Md					
Name of person giving information		How related to deceased					
Edmond Bryan							

CAUSES OF DEATH

Primary	My Whirling Head	How long	3 days
Immediate	Brain Fever	How long	3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

E. Bryan

2156 ne Elder St. St

Laurel Cemetery

June 22

1905

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hosp.</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>29</i>	Age <i>54</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>New York</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>2513 N. Fayette St.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Wolfe</i>						
Father's Name <i>Sylvester Churchwell</i>	Father's Birthplace <i>New York</i>						
Mother's Maiden Name <i>Jane Deane</i>	Mother's Birthplace <i>New York</i>						
Name of person giving information <i>William Wolfe</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary <i>Tuberculosis of Throat</i>	How long <i>33</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. Mura M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

Marsee Yingling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Owings Mills ^{County} Baltimore

Date of death 1906 ^{Month} June ^{Day} 21 ^{Age} 74 ^{Years} ^{Months} ^{Days}

Sex ^{Male} Color or Race ^{white} Birth-place ^{Barroll Co, Md}

Occupation ^{Carpenter} Where Residing if not at place of death

Married, Single or Widowed ^{Married} Name of wife or Husband ^{Mary. H. Yingling}

Father's Name ^{Jacob Yingling} Father's Birthplace ^{Barroll Co, Md}

Mother's Maiden Name ^{Rebecca} Mother's Birthplace ^{" " "}

Name of person giving information ^{Annie B. Wright} How related to deceased ^{Daughter}

CAUSES OF DEATH

Primary ^{Heart Disease} How long ^{Five Years}

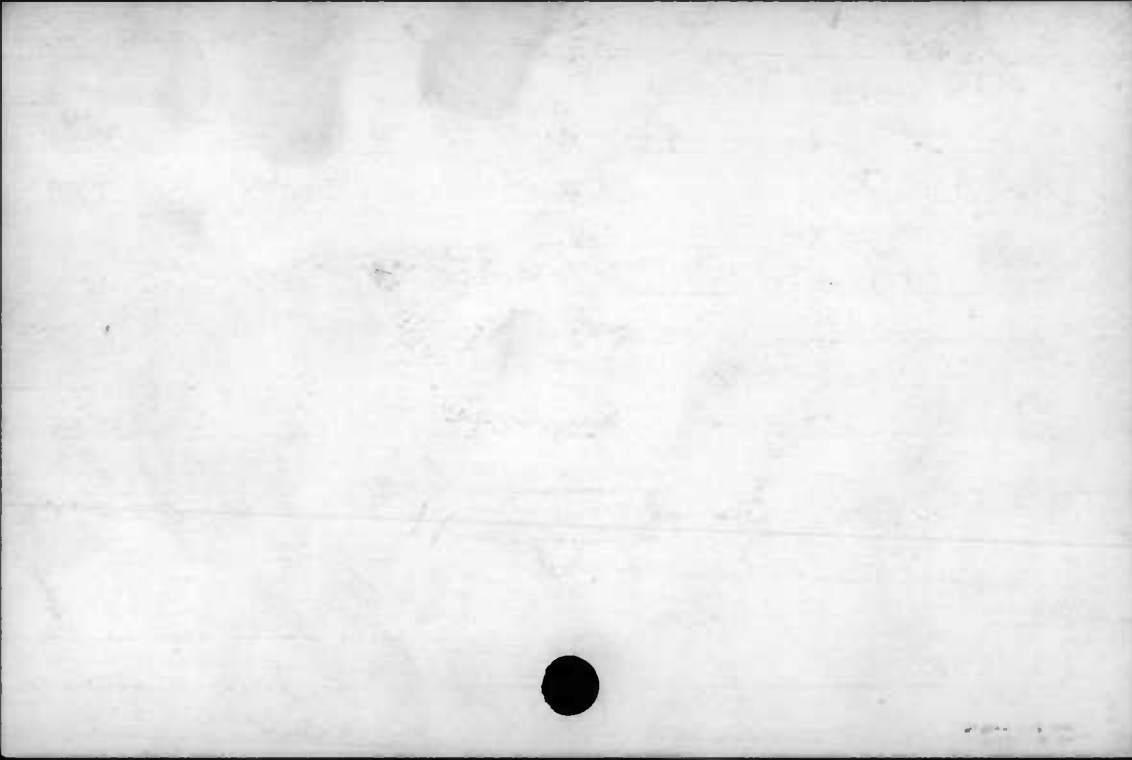
Immediate ^{Paralysis} How long ^{A few minutes}

Are the name, age, sex, color, date and place correctly given above? ^{Yes}

Signature of Physician ^{W. A. Campbell}

Address ^{Owings Mills, Md}

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

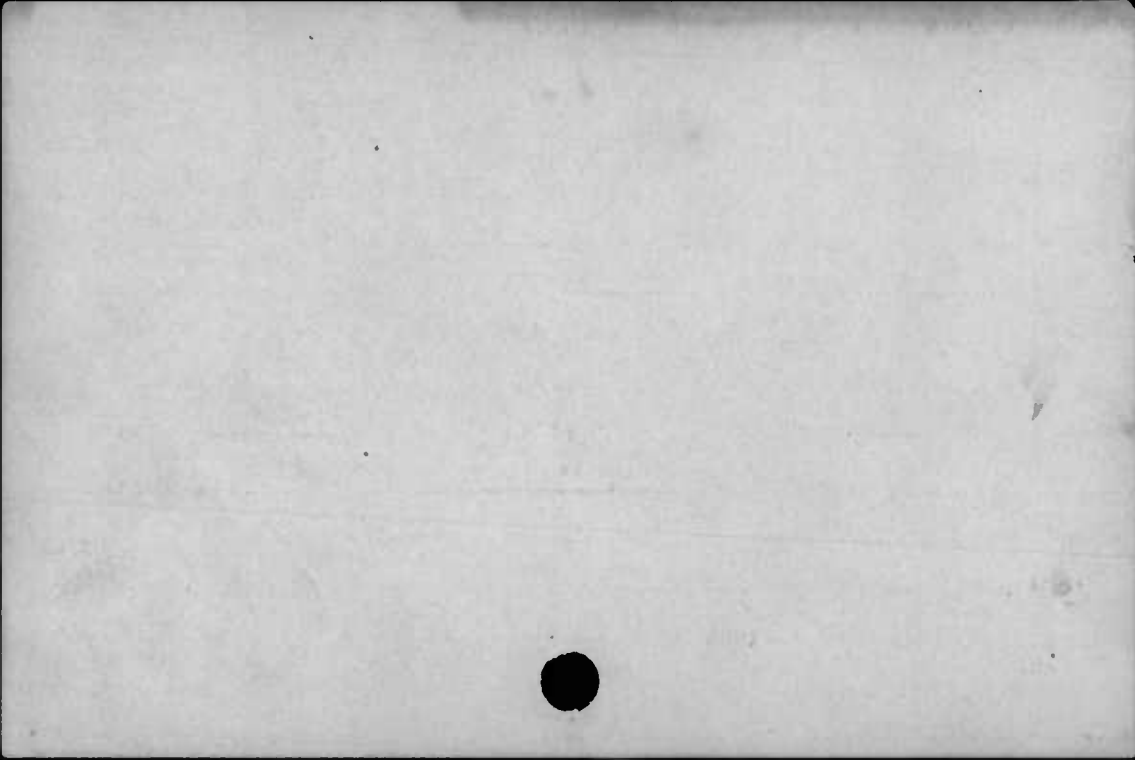
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Roslyn</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		<i>June</i>	<i>30</i>	Age <i>62</i>			
Sex	<i>Male</i>		Color or race	<i>Colored</i>		Birth-place	<i>Farmersville</i>
Occupation	<i>Labourer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Leont Brown</i>					Father's Birthplace	<i>Leont Brown</i>
Mother's Maiden Name	<i>Leont Brown</i>					Mother's Birthplace	<i>Leont Brown</i>
Name of person giving information	<i>Mr Wm L Shively</i>					How related to deceased	<i>None</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio Sclerosis</i>	How long	<i>Three months</i>
Immediate	<i>Heart failure</i>	How long	<i>Three months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm L Shively</i>
		Address	<i>Roslyn Baltimore</i>
Accident or Suicide?			



CERTIFICATE OF DEATH

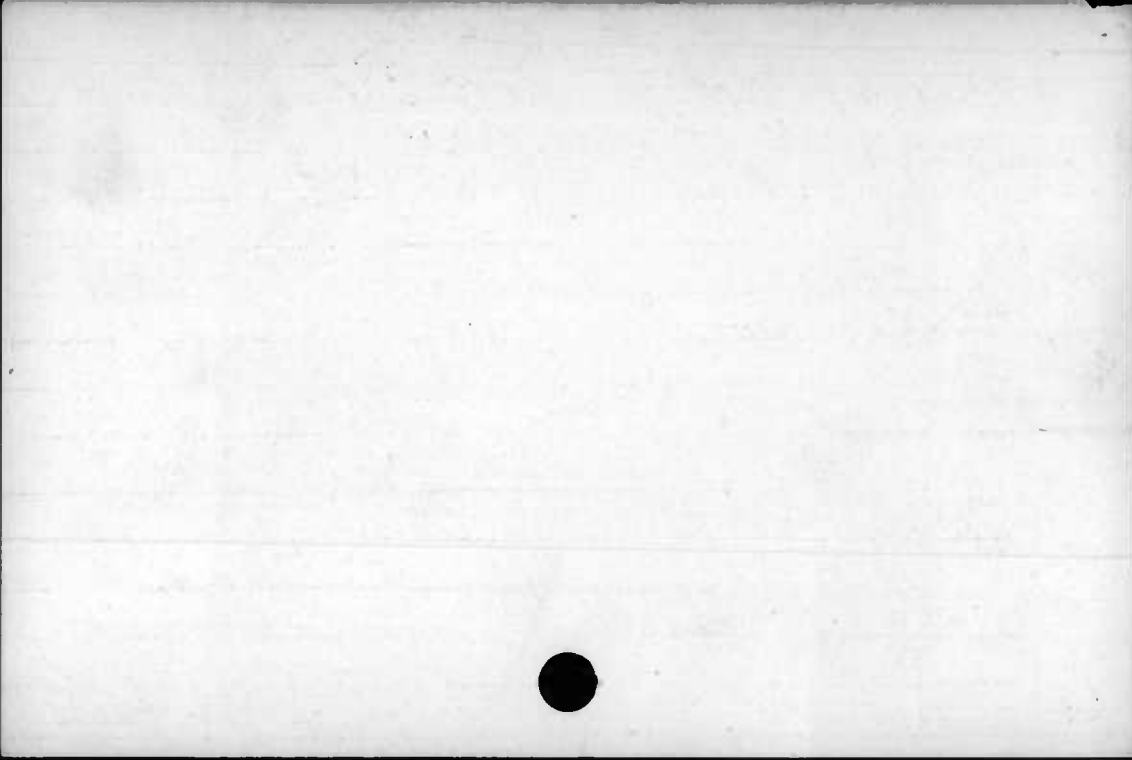
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>June</i>	Day <i>15</i>	Age <i>50</i>	Years	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>New York</i>				
Occupation <i>None</i>		Where Residing if not at place of death <i>E. Orange N.J.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Reeds Mt Hope Retreat</i>		How related to deceased <i>not at all</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis followed by pneumonia</i>	How long <i>abt 7 years</i>
Immediate	<i>Ex. Spinal Decerebral Congest.</i>	How long <i>abt 6 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. Flannery</i>
		Address <i>Mt Hope Retreat Baltimore Co Md.</i>
Accident or Suicide? <i>No</i>		



Name in Full		Unknown white man				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bentley - Town		Balt., County		MARYLAND	
	Date of death	1905	June Month	14 Day	unknown Years	Months	Days
	Sex	male		Color or Race	white not known man	Birth- place not known	
	Occupation	not known			Where Residing if not at place of death not known		
	Married, Single or Widowed	"		Name of Wife or Husband "			
	Father's Name	"				Father's Birthplace	"
	Mother's Maiden Name	"				Mother's Birthplace	"
Name of person giving information	"				How related to deceased "		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	supposed accident				How long	"
	Immediate	yes				How long	"
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Accident or Suicide?				Address		
1				accident			
				M. R. Sparks, Parton Md Justice of the Peace			

